

# Community Health Needs Assessment

NEWPORT HOSPITAL

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SEPTEMBER 30, 2019

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## I. Introduction

### A. Description of CHNA Purpose & Goals

Newport Hospital (NH), located in Newport, Rhode Island, is a 129-bed nonprofit general acute care hospital, which provides inpatient, outpatient, and emergency care services for residents of southern Rhode Island. Admitting physicians are primarily practitioners in Newport County. NH is accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) and participates as a provider primarily in Medicare, Blue Cross, and Medicaid programs. NH is also a member of Voluntary Hospitals of America, Inc. (VHA).

Effective January 15, 1997, Newport Health Care Corporation (NHCC), the then sole corporate member of NH, entered into an affiliation with Lifespan Corporation, a Rhode Island nonprofit corporation, which became the sole member of NHCC. Effective October 23, 2012, Lifespan Corporation replaced NHCC as sole corporate member of NH. NH continues to maintain its own identity, as well as its own campus and its own name. Lifespan has the responsibility for strategic planning and initiatives, capital and operating budgets, and overall governance of NH.

In addition to NH, Lifespan's affiliated organizations also include Rhode Island Hospital (RIH), The Miriam Hospital (TMH), Emma Pendleton Bradley Hospital (EPBH), Gateway Healthcare, Inc. (Gateway), and Lifespan Physician Group, Inc. (LPG), as well as other organizations in support of Lifespan and its hospitals.

In 2010, the Patient Protection and Affordable Care Act (PPACA) specified requirements for hospitals to maintain recognition as Internal Revenue Code Section (IRC) 501(c)(3) nonprofit hospital organizations.<sup>1</sup> Among many financial requirements, these regulations include a requirement to conduct a Community Health Needs Assessment (CHNA) at least every three years and to adopt an implementation strategy to meet the community needs identified in the CHNA.<sup>2</sup> CHNAs must solicit feedback from certain members of the community to determine the most pressing health needs of the community the hospital serves. This group includes, among others, members of the medically underserved, low-income, and minority populations in the community cared for by the hospital facility. CHNA regulations specify that a CHNA should address not only financial barriers to care but also “the need to prevent illness, to ensure adequate nutrition, or to address social, behavioral, and environmental factors that influence health in the community.”<sup>3</sup>

NH conducted its first CHNA, dated September 30, 2013, which covered the period from October 1, 2010 through September 30, 2013, to better understand the individual and community-level health concerns of the population that it serves. This process and its resultant findings were achieved through an effort to involve the community in determining the significant health care needs. The CHNA encompassed intensive data collection and analysis, as well as qualitative research in the form of interviews with members of the community and surveys of more than 100 internal and external stakeholders, hospital-based physicians, nurses, social workers, administrators and other professionals, and community-based stakeholders representing constituencies served by NH.<sup>4</sup> The 2013 report and

implementation strategy was distributed widely among Lifespan stakeholders, community partners and the general public. Data collected produced a resulting implementation strategy to address significant needs specific to the community served by NH. Progress on these strategies is reported in the 2016 CHNA.

Lifespan, on behalf of NH, conducted its second CHNA, covering the three-year fiscal period from October 1, 2013 through September 30, 2016. The goals of that CHNA were to: (1) provide a review of what NH has accomplished in addressing the significant needs identified in its implementation strategy included in NH's initial CHNA, dated September 30, 2013; (2) to define the community that NH serves; (3) to assess the health needs of that community through various forms of research, community solicitation, and feedback; (4) to identify which of those needs assessed were of most significance to the community; (5) and to provide an implementation strategy that detailed how NH would address those significant needs.

This report represents the third CHNA conducted by Lifespan on behalf of NH, covering the fiscal period from October 1, 2016 through September 30, 2019. The goals of this CHNA are the same as those outlined above for 2016. The implementation strategy to be presented as a result of this CHNA will be used organizationally to guide hospital strategic planning over the next three years, October 1, 2019 through September 30, 2022.

## B. History and Mission of Newport Hospital

As a member of the Lifespan health system, NH is committed to its mission: *Delivering health with care*. NH is a non-profit 129-bed community hospital located in Newport, Rhode Island. It was established as a 12-bed cottage hospital in 1873, building on the community's long history of providing safe places of healing and recovery for local residents with smallpox and other communicable diseases in colonial Newport. NH was founded to serve all residents, and – during an era when most patients were treated at home – it provided a particularly vital health care resource for fishermen, members of the military, and others in the then-largely maritime community whose actual homes were elsewhere.

Today, NH continues to serve as an essential safety net hospital for its community. NH has kept pace with advances in medical technology and the needs of the community. It is now a state-of-the-art, award-winning health care facility that offers a broad range of medical services including emergency care, diagnostic imaging, a birthing center, behavioral health unit, comprehensive surgical services, intensive care, acute inpatient and outpatient rehabilitation, and has received the coveted Magnet designation from the American Nurses Association and Baby-Friendly designation from the World Health Organization and UNICEF.

In 2017, Lifespan launched new shared values that define how services are provided across all affiliates – **compassion, accountability, respect, and excellence** – four words that form the acronym C.A.R.E. and succinctly capture the substance of its mission. This acronym serves as NH's "true-north" guide, helping Lifespan become the best place to obtain care and the best place to work.

Furthermore, Lifespan identified eight core priorities that help focus its efforts on strategies that advance its commitment to improving the health and well-being of the people of Rhode Island and southeastern Massachusetts.

- ❖ **ADVANCING ACADEMICS & RESEARCH:** Advance clinical operations to train the next generation of clinicians, as well as advance research and the science of medicine.
- ❖ **COMMITMENT TO THE COMMUNITY:** Enhance corporate visibility; improve the health and wellness of the communities Lifespan serves.
- ❖ **COST:** Continue to work to reduce overall cost of care.
- ❖ **PHILANTHROPY:** Cultivate community relationships to enhance charitable contributions made to Lifespan to advance the mission and vision of the organization.
- ❖ **PHYSICIAN PARTNERSHIP:** Achieve outstanding collaboration with the system’s aligned physician partners.
- ❖ **QUALITY AND SAFETY:** Achieve and maintain top decile performance in quality, safety, and patient experience.
- ❖ **VALUE-BASED CARE:** Continually improve quality and control cost to drive the value imperative.
- ❖ **WORKFORCE:** Recruit, retain, and engage top talent that is aligned with Lifespan’s shared values to provide an extraordinary patient experience.

### C. Commitment to the Community

In the 146 years since its founding, NH has grown to encompass a broad spectrum of programs and services – and it continues to provide an important safety net for the community.

During the fiscal year ended September 30, 2018, NH provided \$7.8 million in charity care and other community benefits to its patients, which accounted for 6.9% of total operating expenses. NH provides full charity care for individuals at or below twice the federal poverty level, with a sliding scale for individuals up to three times the poverty level. NH bills uninsured and underinsured patients using the prospective method, whereby patients eligible for financial assistance under NH’s Financial Assistance Policy are not billed more than “amounts generally billed”, defined by the Internal Revenue Code Section §501(r) as the amount Medicare would reimburse NH for billed care (including both the amount that would be reimbursed by Medicare, and the amount the beneficiary would be personally responsible for paying in the form of co-payments, co-insurance, and deductibles) if the patient was a Medicare fee-for-service beneficiary. Notably, in addition to this financial assistance and subsidized health services, NH provided more than \$350,000 in community health improvement services and community benefit operations.<sup>6</sup>

**Table 1- Newport Hospital Statistics – FY 2018<sup>5</sup>**

Year founded	1873
Employees	880
Affiliated physicians	352
Licensed beds	129
<i>Statistics and financials (\$ in thousands)</i>	
Patient discharges	5,055
Births	503
Emergency department visits	32,741
Outpatient visits	47,930
Outpatient surgeries	4,833
Inpatient surgeries	1,190
Total assets	\$315,402
Net patient service revenue	\$107,547

NH substantially subsidizes various health services, including adult psychiatry, obstetrics, rehabilitation, and certain specialty services. NH also provides numerous other services to the community for which charges are not generated, such as community health screenings for cardiac health, diabetes and other diseases, smoking cessation, immunization and nutrition programs, health promotion education, community health training programs, patient advocacy, foreign language translation, physician referral services and charitable contributions.

<b>Table 2- Net Cost of Charity Care and Other Community Benefits, FY 2018<sup>7</sup></b>	<b>(\$ in thousands)</b>
Charity care	\$1,654
Subsidized health services	\$2,203
Community health improvement services and community benefit operations	\$352
Unreimbursed Medicaid costs	\$3,569
<b>Total cost of charity care and other community benefits</b>	<b>\$7,778</b>

During the fiscal year ended September 30, 2015, NH launched a free, monthly community lecture series, featuring clinicians speaking on health topics. An average of fifty people attend each month to learn about a range of health topics, including Lyme disease, childhood vaccinations, managing menopause, stress busters, combating memory loss, chronic obstructive pulmonary disorder,

and breast health, to name a few. Lectures are accompanied by free blood pressure screenings and refreshments.<sup>8</sup> Through its Frederick Henry Prince Memorial Fund, NH has awarded \$600,000 to local non-profits to help fund innovative programs that increase the physical activity and health of Newport County children and families. Grant related programs during the fiscal year ended September 30, 2018 included activities such as biking, ballet, soccer, rugby, and trail guiding.<sup>9</sup>

The Lifespan Community Health Institute (LCHI), with a mission to ensure that all people can achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments, works with all Lifespan affiliates to achieve population health goals and partners extensively with NH. LCHI delivers health education and screening programs on behalf of NH.

Lifespan, through the LCHI and affiliates, coordinates hundreds of programs, events and community service activities that serve between 25,000 and 30,000 southern New Englanders annually. Programs are offered for free or at a reduced cost to the community and non-profit organizations.<sup>10</sup> In partnership with community-based agencies, LCHI led the design and development of the 2019 CHNA.<sup>11</sup>

Community and patient engagement is a critical component of quality improvement and strategic planning for Lifespan Corporation and its affiliated hospitals. Lifespan launched a website, <https://www.lifespan.org/centers-services/lifespan-community-health-institute/community-health-reports-and-resources>, in the spring of 2016 to describe and publicize the CHNA process. This site, accessible from the Lifespan homepage, is maintained and houses each hospital’s CHNA report and implementation strategy.<sup>12</sup> This site also serves as a conduit to link community residents and organizations to NH’s health-promoting initiatives.

## D. Newport Hospital – Notable Achievements

NH earned a prestigious five-star rating for overall quality from the Centers for Medicaid and Medicare Services, putting it in the top 8% of hospitals nationwide. In addition, NH was one of fewer than 1,000 hospitals nationwide awarded an A in the Leapfrog Hospital Safety Grades in October 2017 and April 2018, placing it in the top third of graded hospitals at protecting patients from preventable harm and death, such as medical errors, infections and injuries.<sup>13</sup>

For the second time, Lifespan's four hospitals: RIH, TMH, EPBH, and NH— achieved Top Performer status on the Healthcare Equality Index (HEI), a national benchmark of hospitals' policies and practices related to equitable and inclusive treatment of their LGBTQ patients, visitors and employees. The HEI assesses hospitals' policies and practices regarding non-discrimination and staff training, patient services and support, employee benefits and policies, and patient and community engagement.<sup>14</sup>

NH was recognized for its excellence in stroke care by being re-certified as a Primary Stroke Center by the Joint Commission. In addition, the American Heart Association/American Stroke Association honored the hospital as a recipient of their Get With The Guidelines Stroke Achievement Award with additional distinctions in 2018.<sup>15</sup>

NH earned designation as a Baby-Friendly® hospital in 2018 for the fourth consecutive time. The Baby-Friendly® Hospital Initiative was launched by the World Health Organization and UNICEF in 1991 to encourage practices that protect, promote, and support breastfeeding. NH is recognized for providing an optimal environment for the promotion, protection, and support of breastfeeding. Hospitals are awarded this status only when trained, independent evaluators have determined that all hospital practices meet the rigorous Baby-Friendly® standards.<sup>16</sup>

In 2017, Blue Cross and Blue Shield of Rhode Island named NH a Blue Distinction Center for knee and hip replacement. Based on objective clinical measures, this distinction recognizes the hospital's expertise in delivering quality care and improved patient safety, resulting in better outcomes for patients.<sup>17</sup>

A \$12.5 million construction project to enlarge and improve the NH emergency department began in July 2018. The project will add treatment and exam rooms as well as features critical to keeping wait times low, improving patient comfort and privacy, and ensuring the best care for Aquidneck Island and surrounding communities. Completion is expected in October 2019.

NH is working to enhance access to outpatient services in its service area. NH, in conjunction with two other Lifespan affiliated organizations, NHCC Medical Associates, Inc. (NHCCMA) and Lifespan Physician Group, Inc. (LPG), constitute the largest multi-specialty outpatient group on Aquidneck Island, including 79 employed providers and more than 90 staff spread over 12 sites, from Jamestown to Tiverton. From psychiatry to dermatology, NH has brought



urgently needed services to the community. NH has made it a strategic priority to grow patient volume and increase access to this network of primary care and specialty providers.<sup>18</sup>

The Cardiovascular Institute (CVI) with locations at RIH, TMH and NH, has enhanced cardiac care on Aquidneck Island by expanding the cardiovascular services offered at NH. The CVI expansion in 2014 included opening a new cardiovascular practice and eventually expanding to six rotating cardiologists in the practice. The CVI, the largest center in the state dedicated to cardiology and cardiac surgery, is well known for its high-quality, innovative patient care, and comprehensive range of specialized services. The CVI is home to cutting-edge research and clinical trials through the Cardiovascular Research Center.

The cardiac and pulmonary rehabilitation programs of NH's Vanderbilt Rehabilitation Center outpatient program won national certification from the American Association of Cardiovascular and Pulmonary Rehabilitation.<sup>19</sup> And in 2018, for the fourth consecutive year, the Vanderbilt Rehabilitation Center at NH earned the Press Ganey Guardian of Excellence Award for inpatient care.

The Lifespan Cancer Institute (LCI) provides a multidisciplinary team of specialists enabling patients diagnosed with cancer access to a full range of cancer services. The LCI opened a Lung Cancer Screening Clinic at RIH and TMH during the fiscal year ended September 30, 2018.<sup>20</sup> Early and accurate diagnosis is essential for positive outcomes in the treatment of lung cancer. The LCI of RIH, TMH and NH is the only Rhode Island health system on Becker's Hospital Review's 2018 list of "100 Hospitals and Health Systems with Great Oncology Programs." Hospitals and cancer centers on the list stand out in terms of quality patient care, clinical outcomes, and research achievements. The LCI also received a three-year accreditation in 2019 from the Commission on Cancer, a program administered by the American College of Surgeons.<sup>21</sup>

As part of the LCI Breast Center, NH received a three-year full accreditation from the National Accreditation Program for Breast Centers from the American College of Surgeons (ACOS) in 2018. A renewal for the LCI breast center, it was the first time the NH breast health center was included in the ACOS survey process.<sup>22</sup>

## **II. Newport Hospital – Defining the Community It Serves**

NH serves the communities of Newport County which consists of: Newport, Middletown, Portsmouth, Jamestown, Tiverton, and Little Compton. To a lesser extent, NH serves nearby Bristol, Rhode Island and border communities in nearby Massachusetts. While serving as an important health care resource for year-round local residents, NH also cares for a diverse cohort of tourists, summer residents, and members of the military who are deployed in Newport.<sup>23</sup> *See Appendix A.*



Newport County is home to 82,542 residents in 102 square miles and has a population density of 810 people per square mile. Newport County consists of Aquidneck Island, Conanicut Island, Prudence Island, and the easternmost portion of the State on the mainland of Rhode Island. NH is located in the city of Newport. The population of Newport County was older, on average, than the rest of the State in 2018, and older than the national average, with 22.2% of Newport County residents over 65 years of age as compared to 17.2% in Rhode Island and 16.0% in the United States.<sup>24</sup>

<b>Table 3- Demographics estimates, July 1, 2018<sup>25</sup></b>	<b>Newport County</b>	<b>Rhode Island</b>	<b>United States</b>
Population estimates	82,542	1,057,315	327,167,434
% below 18 years of age	16.9%	19.4%	22.4%
% 65 and older	22.2%	17.2%	16.0%
% Non-Hispanic African American	4.4%	8.4%	13.4%
% American Indian and Alaskan Native	0.6%	1.1%	1.3%
% Asian	2.0%	3.6%	5.9%
% Native Hawaiian/Other Pacific Islander	0.1%	0.2%	0.2%
% Hispanic	6.0%	15.9%	18.3%
% Non-Hispanic white	85.6%	72.0%	60.4%
% Language other than English spoken at home*	10.3%	22.0%	21.3%
% Female	50.6%	51.4%	50.8%
Median household income**	\$75,463	\$61,043	\$57,652
% Persons in poverty	9.0%	12.9%	11.8%
Persons per square mile	809.6	1,018.1	87.4
% Persons without health insurance	4.1%	4.8%	10.0%

\*age 5+ years, 2013-2017

\*\**(in 2017 dollars), 2013-2017*

The median household income in Newport County is \$75,463 and 9.0% of residents are living in poverty, compared to 12.9% statewide. According to the U.S. Census, 4.1% of residents in Newport County are uninsured, which is slightly lower than the state average of 4.8%. Over 10% of families speak a language other than English at home.<sup>26</sup> The five most commonly spoken languages among NH patient encounters in 2018 were English, Spanish, Portuguese, Arabic, and Chinese (Mandarin).<sup>27</sup>

### *Newport Hospital Patient Population*

During the fiscal year ended September 30, 2018, nearly all (95.6%) of NH's inpatients came from Rhode Island, with 75.0% comprised of residents Newport County: 33.4% from the city of Newport, 24.5% from Middletown, 14.1% from Portsmouth, 2.9% from Jamestown, 2.8% from Tiverton, and 0.1% from Little Compton. Bristol is another Rhode Island community with significant numbers of residents served by NH (6.2% of inpatient admissions). Approximately 1.0% of NH's inpatients came from Massachusetts, 0.6% from Connecticut and 2.1% from other states and countries. The data is similar on the outpatient side, with 95.2% of NH's outpatients residing in Rhode Island, 1.1% from Massachusetts, 0.7% from Connecticut and 2.0% from other states and countries. Newport County represents 85.5% of NH's outpatient encounters: the city of Newport (35.8%), Middletown (24.4%), Portsmouth (16.6%), Jamestown (3.9%), Tiverton (4.2%), and Little Compton (0.7%). The town of Bristol accounts for 3.9% of all outpatient encounters.<sup>28</sup>

During the fiscal year ended September 30, 2018 there were 5,055 total inpatient discharges from NH. In the same year: 78,543 outpatient encounters, 4% of which were pediatric; and 32,741 emergency department (ED) visits. There were also 503 births at NH during the fiscal year ended September 30, 2018.<sup>29</sup>

During the fiscal year ended September 30, 2018, 206 inpatients identified as Hispanic or Latino, 54% of whom identified as “White or Caucasian”. There were 1,337 outpatients who identified as Hispanic or Latino, 63% of whom identified as “White or Caucasian”. Table 4 shows the racial breakdown of all ethnicities of NH inpatients and outpatients during the fiscal year ended September 30, 2018.<sup>30</sup>

<b>Table 4- Newport Hospital Patient Race (All Ethnicities), 2018<sup>31</sup></b>	<b>Number of Inpatients</b>	<b>Inpatient Percent</b>	<b>Number of outpatients</b>	<b>Outpatient Percent</b>
White or Caucasian	3,400	80.0%	30,380	90.0%
Black or African American	301	7.1%	1,533	4.5%
Asian	33	0.8%	244	0.7%
American Indian or Alaska Native	*	n/a	12	<0.1%
Native Hawaiian or Other Pacific Islander	10	0.2%	101	0.3%
Two or More	*	n/a	89	0.3%
Other/Unknown/Refused	493	11.6%	1,387	4.1%
<b>Total</b>	<b>4,249</b>		<b>33,746</b>	

\*Counts <10 have been suppressed to protect privacy.

### **III. Update on 2016 CHNA Implementation Strategy**

NH conducted a CHNA dated September 30, 2016, that resulted in an implementation plan for the period of October 1, 2016 through September 30, 2019. The community health needs assessment findings reflected significant community input garnered through community forums, surveys and key informant interviews. In addition, NH reviewed hospital utilization data and public health trends to inform its selection of implementation priorities.<sup>32</sup>

The 2016 report and implementation strategy covering the from between October 1, 2016 through September 30, 2019 were distributed widely among Lifespan stakeholders, community partners and the general public. Provided below is an update on progress made in addressing each of these significant needs identified in the September 30, 2016 NH CHNA.

#### ***Access to Care and Health Literacy***

Equitable access to health care and adequate health literacy are essential to ensuring improved health outcomes in our communities. NH is committed to improving access to health care for its community, especially access to high quality, coordinated primary care. Additionally, NH expects that if patients feel empowered by having the tools and resources they need, they will make better, more informed health care decisions, and practice healthier behaviors.

- A. Continue to offer expanded access to primary care and laboratory services on evenings and weekends. Rhode Island is experiencing a shortage in Primary Care Providers (PCPs) and services. Lifespan has responded to this need by continuing its effort to develop the alignment of the Lifespan health system and its physicians to better meet the needs of patients and to provide accountable patient-centered, high quality, efficient, value-based, and innovative care through one centralized physician organization. NH will continue to add primary care providers to LPG and build local laboratory facilities.
- NH opened a medical office building in Tiverton in November 2016 that houses seven providers and an on-site laboratory. With the additional of this site, NH now operates four community-based primary care practices across the service area in Newport, Portsmouth, Tiverton, and Jamestown.
  - NH expanded access to care by recruiting eight additional Primary Care Providers at Lifespan Physician Group practices located in Newport, Jamestown, and Portsmouth.
  - NH enhanced access to care with the addition of Quick Sick Walk-In Hours in all practice locations from 8-9 am. The Newport practice location now has a full-day, adults only walk-in from 11 am – 7 pm Monday-Thursday and a Saturday clinic for patients of all ages from 8 am – 2 pm.
  - NH opened a new orthopedics practice during the fiscal year ended September 30, 2017 and has expanded its orthopedics service line that now includes three surgeons and two Physician Assistants. Orthopedic surgeries have increased 7% in FY 2019.
  - NH also opened a new service at the beginning of the fiscal year ended September 30, 2018, The Comprehensive Spine Center, led by a nationally renowned leader in interventional spine and pain medicine. Spine cases have increased 57% in the second year of operation. This Center hosts interventional physiatrists, pain management specialists, neurosurgeons, physiatrists, and physical and occupational therapists.
  - During the fiscal year ended September 30, 2018, NH launched an Emergency Department (ED) Transformation Project. This eighteen-month project to reimagine and remodel the ED has increased the number of ED beds from seventeen to twenty-nine; added a new, secure behavioral health pod; added a clinical decision unit; and remodeled three triage bays. This project will be completed in October 2019.
- B. As NH continues to improve access to primary care by establishing formal relationship with community-based primary care practices, the Hospital will encourage practices to seek PCMH Level 3 recognition from the National Committee for Quality Assurance (NCQA). Medical homes can lead to higher quality and lower costs and can improve patients' and providers' experience of care. The NCQA PCMH Recognition is the most widely used way to transform primary care practices into medical homes. A Level 3 designation is considered the highest level of recognition and requires primary care practices to meet the highest quality standards.
- The Lifespan Ambulatory Quality & Safety Council was established in July 2018. The group's work is supporting Newport County PCMH initiative during the fiscal year ending September 30, 2019 through standardization of workflows and adoption of some PCMH reporting requirements.

- C. Continue to participate in the Newport Partnership for Families (NPF) and the Newport HEZ. NH is committed to supporting the activities and priorities of the Newport Partnership for Families and the Newport HEZ. During the fiscal year ended September 30, 2015, NH joined the Newport Partnership for Families, a collective impact coalition of people working together to promote the health and well-being of everyone in Newport County. In addition, NH participates in the Newport Health Equity Zone (HEZ).<sup>33</sup> NH will designate individuals to consistently represent it on these groups. Representatives from NH will attend meetings and contribute to the planning and implementation of programs that work to improve the health and wellbeing of Newport residents.
- NH and the Newport HEZ agreed to a formal joint action plan in July 2018.
  - NH partnered with the Newport HEZ to exhibit at its Community Baby Shower in January 2018 and then co-sponsored and exhibited at the same event in January 2019.
  - NH sponsored the Newport HEZ Summer Farmer's Market in July & August 2019.
  - Newport HEZ members were invited to participate in the NH hiring fair on September 2018.
  - NH supported and promoted the Newport HEZ's Diabetes Prevention Programs at monthly community lecture events and the "NH Hour of Health" on WADK radio.
  - NH continued to participate as a member of the Newport Partnership for Families in during the fiscal years ended September 30, 2017 through September 30, 2019. This is an association of social service agencies, community organizations, educational institutions and businesses striving to strengthen the City of Newport by prioritizing and supporting the needs of children, families, and individuals.
- D. Offer the nationally distributed *Healthwise* health literacy program in English and Spanish in the NH service areas, in partnership with LCHI. LCHI will conduct outreach to ensure that residents are aware of and can access these free educational programs.
- NH sponsored a Financial Literacy class that was hosted at the Community College of RI in Newport during the fiscal year ended September 30, 2018.
  - The Lifespan Community Health Institute is dedicating a 0.5 FTE community outreach specialist to support the NH service area during the fiscal year ended September 30, 2019. This position will coordinate and deliver health promotion and health literacy classes, as well as serve as a hospital liaison to partner with other community organizations.
- E. Continue to offer a Community Lecture Series and increase participation. NH will continue to present on topics relevant to its community and will focus specifically on priorities defined in the 2016 CHNA.
- NH continued to offer its free Community Lecture Series that cover a diverse range of health topics for the public on the second Thursday of every month and increased participation to an average of 50 people per session. During the fiscal years ended September 30, 2018 and 2019, topics included:
    - October 2017 - Breast Health (Women's Health)
    - November 2017 - Back Pain (Physiatry)
    - November 2017 - Taking Care of Your Feet (Podiatry)
    - December 2017 - Shoulder Pain (Ortho)

- March 2018 - Family Wellness
- March 2018 - Keeping Your Joints Healthy (Ortho)
- April 2018 - Spinal Stenosis (Spine Center)
- May 2018 - Mental Health (Behavioral Health)
- June 2018 - Managing Migraines (Radiology)
- August 2018 - COPD (Pulmonology)
- September 2018 – Wellness Panel
- October 2018 - MD Wellness Panel (Jamestown)
- November 2018 - ED Transformation Update
- February 2019 - 10 Questions I wished I'd asked my Cardiologist
- March 2019 - A Good Night's Sleep: Tips to Rest Your Best
- April 2019 - Move Like You Are Meant To: Orthopedic Care for All Ages
- May 2019 - Mental Health Awareness Event, Art Display & Panel Discussion
- June 2019 - Community Health Needs Forum
- September 2019 - Spinal Stenosis
- As cardiac disease is the leading cause of death for women, NH organized two educational sessions on cardiac health for women in February 2018, reaching 36 participants.
- NH also hosted a lunch & learn on heart health for a large local employer in February 2018, with twenty participants.
- NH runs a monthly radio show, "NH Hour of Health" on WADK radio, broadcast from Newport, Rhode Island. Community Lecture Series topics, new providers, and new services are featured.

### ***Mental and Behavioral Health***

Mental health was identified by community health forum participants as a significant concern and key priority for the 2016 implementation strategy. The high incidence of mental illness in Rhode Island has been met with investments in mental health treatment, care and prevention. However, access to mental health services remains a major hurdle for many Rhode Islanders. NH made a significant investment in the mental health of its community by offering programs to address community mental health needs, capitalizing on its partnership with Gateway, and by expanding access to its first-class inpatient and outpatient mental health treatment services. NH has partnered with EPBH to bring additional pediatric psychiatric services to Newport County.<sup>34</sup>

- A. Offer mental health topics targeting adults and youth in the Community Lecture Series.
- Mental health topics during the fiscal year ended September 30, 2018. Community Lecture Series included:
    - March 2018 - Family Wellness
    - May 2018 - Mental Health (Behavioral Health)
    - September 2018 – Wellness Panel
  - In addition, NH hosted a comprehensive Mental Health Awareness event in May 2018 on the topic of "Breaking the Stigma of Mental Illness". Participants included patients, family members, law enforcement, and mental health professionals. NH also worked

with local community-based mental health service providers (Child & Family, CODAC, East Bay Community Action Program, Newport Mental Health, National Alliance on Mental Illness-RI, Middletown Prevention Coalition) to offer information before the lecture on self-care activities, reiki, aromatherapy, pet therapy, and additional resources.

- NH hosted a Samaritans of RI forum for Mothers and Caregivers grappling with a family member's addiction and mental health struggle.
  - NH focused its annual Clergy Luncheon on the theme of behavioral health and introduced local clergy to the Hospital's Partial Program in May 2018.
- B. Develop 'Stress Buster' activities for community members and NH employees. NH is committed to developing creative activities, programs, and direct services to help address stress in the workplace and in the community.
- NH offered Community Yoga in collaboration with Thames Street Yoga between September 2017 and February 2018. The goal was to offer an hour-long class focused on steadying the mind and strengthening the body in a healing and peaceful setting.
- C. Deliver Mental Health First Aid training. Mental Health First Aid (MHFA) is an eight-hour, award-winning training program designed to educate individuals on how to help someone in a mental health crisis. MHFA has proven to increase knowledge, reduce stigma, and most importantly, increase supportive actions.
- Bradley Learning Exchange has delivered MHFA training on behalf of the Lifespan system, including NH. During the fiscal year ended September 30, 2018, Bradley Learning Exchange offered 29 MHFA classes, certifying approximately 600 people as Mental Health First Aiders. NH will be looking to partner with EPBH to deliver this programming to Aquidneck island.
- D. Partner with EPBH to increase access to outpatient child psychiatric services. Through this partnership, a child psychiatrist, child psychologist, and related outpatient services are available to the service area as an extension of EPBH's PERC program. Both providers offer outpatient child psychiatry services at NH to children between the ages of 3 and 17. Services include psychiatric assessment and treatment, diagnosis, medication management, and access to the PERC program, which accepts referrals from area pediatricians and family medicine providers.
- A 0.8 FTE MD has provided this service since the beginning of the fiscal year ended September 30, 2017, in response to the current demand.
- E. Explore using existing telemedicine capacity to provide mental health consultation. Hospitals and health care facilities have demonstrated the effectiveness of integrating telemedicine and "teleconsultation" approaches in delivering behavioral and mental health services. Telemedicine can be utilized to increase access to behavioral health, especially in populations that have difficulty attending in-person appointments because of transportation issues or disability. NH is in the beginning phases of exploring a possible telemedicine program for their psychiatry and behavioral health programs.

- Families in the NH service area were encouraged to use a new hotline service called KIDS Link, provided jointly by two other Lifespan affiliates- Bradley and Rhode Island Hospitals. KIDS Link provides 24/7 free and confidential access for kids and families in emotional crisis to professionals who will help steer the caller to the appropriate help.
- Providers in the NH service area were encouraged to use a new service called PediPRN that connects primary care providers to a behavioral health specialist for phone consultation. This was determined to be a more valuable and immediate service to providers and their patients in response to the (national) shortage of behavioral health providers.
- In April 2018, a 2<sup>nd</sup> track of the partial program opened to serve patients with co-occurring substance use and mental health issues. The program is now at capacity and has a daily census of ten.

### *Substance Use Disorders*

In 2015, the Governor of Rhode Island established the Overdose Prevention and Intervention Task Force to assess and make recommendations to combat the opiate epidemic in the state. The strategies below reflect health system opportunities consistent with the strategic plan issued by that task force in 2016. It is also important to note that diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.

- A. Continue offering certified recovery coaches in the emergency department and increase the proportion of people admitted to the emergency department due to an overdose who engage the services of a peer counselor to seek treatment. Given the high rates of opioid use and addiction in Rhode Island, NH has committed to working to address the epidemic. NH became a site for The Providence Center’s AnchorED program during the fiscal year ended September 30, 2015. NH will continue its partnership with the AnchorED program.
  - NH continued to provide certified recovery coaches in its ED throughout the fiscal years ended September 30, 2018 and 2019.

### *Cancer*

Cancer is the second-leading cause of mortality in Rhode Island, as it is nationwide.<sup>35</sup> NH is an affiliate site of the Lifespan Cancer Institute (LCI) which gives patients access to oncology services at three area hospitals, many service delivery options, and available clinical trials. NH supported the LCI in implementing its three-year action plan, the *Cancer Roadmap* and also provided community-based and clinical services to promote cancer prevention, screening, treatment, and survivorship. Notably, the NH implementation plan is also consistent with the goals of the Rhode Island Department of Health’s 2013-2018 Cancer Prevention Strategic Plan, which include reducing tobacco use, mitigating environmental exposures, promoting healthy weight, and promoting screenings and early detection of cancers. The RIDOH plan also calls for increased access to optimal treatment for all Rhode Islanders diagnosed with cancer and to promote the health of cancer survivors.<sup>36</sup>



- A. Continue to provide community-based education programs like Avenues of Healing, tobacco cessation programs, and Cancer Survivors Day events.
- Avenues of Healing breast cancer conference was delivered on October 21, 2017 with 124 attendees;
  - Avenues of Healing breast cancer conference was delivered on October 13, 2018 with 225 attendees;
  - Cancer Survivors Day event was held Sunday, September 17, 2017 with 287 participants;
  - Cancer Survivors Day event was held Sunday, September 23, 2018 with 239 participants;
  - Fiscal year ended September 30, 2017 Tar Wars educational session: one event, eighty-six students;
  - Fiscal year ended September 30, 2018 Tar Wars educational sessions: two events, eighty-three students;
  - “Breast Cancer and African-American Women” community lecture on November 1, 2016;
  - “80% by 2018 & Beyond” community lecture on colorectal cancer screening options January 8, 2018;
  - “CT Screening for Lung Cancer: How to Save Lives and Stop Cigarette Smoking in Rhode Island” community lecture on February 2, 2019;
  - “Preventable. Treatable. Beatable: Reduce your risk for colorectal cancer” community lecture on March 12, 2019.
- B. Continue to provide preventative screenings like See, Test & Treat and Sun Smarts for cancers in partnership with LCHI.
- Fiscal year ended September 30, 2017 Skin Check (skin cancer) screenings: seven events, 470 screened;
  - Fiscal year ended September 30, 2018 Skin Check (skin cancer) screenings: nine events, 630 screened;
  - Fiscal year ended September 30, 2018 Colon cancer screening: two events, twenty-one screened;
  - Fiscal year ending September 30, 2019 Skin Check (skin cancer) screenings: seven events, 515 screened.
- C. Expand community partnerships to reach underserved populations and improve access to prevention and screening events with strategic partners like the American Cancer Society.
- Avenues of Healing, annually
  - Making Strides Against Breast Cancer Screening, annually
  - Skin Check skin cancer screenings, annually
  - LCI’s “Rising Above Cancer” 5K walk/run and fundraiser, annually
  - National Cancer Survivors Day celebration, annually

- D. Strengthen disease site expertise through recruitment and retention of clinicians.
- On March 21, 2017, Lifespan and the Dana-Farber Cancer Institute created a strategic alliance to advance cancer treatment and research. The agreement supports the expansion of clinical trials, offers access for Lifespan physicians to cancer-specific disease expertise for complex cases, and creates a program to coordinate the treatment of bone marrow transplant patients, with transplants provided in Boston at Dana-Farber/Brigham and Women's Cancer Center, and care surrounding the transplant in Rhode Island at Lifespan. The two organizations also agreed to use the same clinical trials management platform, resulting in better care coordination.
  - NH hired an additional full-time medical oncologist and a breast oncology specialist who began seeing patients at the beginning of the fiscal year ended September 30, 2017.
  - The LCI employs a nurse navigator, who meets with new patients to assist with everything from the financial and emotional aspects of cancer to explaining medication, coordinating appointments, arranging referrals, and more.<sup>37</sup>
- E. Improve patient access, patient experience, and communications, including establishing a LCI Telephone Triage Center to serve as a single point of entry for medical oncology and infusion patients.
- A single point of entry LCI telephone response and triage line was established in during the fiscal year ended September 30, 2017 and continued throughout during the fiscal year ending September 30, 2019, improving response times and patient satisfaction with respect to accessing their oncology providers.
- F. Work with the Lifespan Research Department to increase recruitment of underserved populations to research trials.
- This action is currently handled by RIH.

### *Healthier Weight*

Newport CHF participants cited healthy weight as a significant health need in both the 2013 and 2016 CHNA. NH continues to build on the work that has been done to increase access to physical activity and nutrition, and to help Newport residents attain and maintain healthy weight. Newport County is ranked as having the 3rd lowest rate of overweight and obesity compared to other counties in Rhode Island.<sup>38</sup> However, community members reported several behavioral and structural risk factors, including limited access to healthy foods and adequate physical activity.<sup>39</sup>

- A. Continue to fund community programs to prevent childhood obesity through the Frederick Henry Prince Memorial Fund. Since 2011, NH has administered the Frederick Henry Prince Memorial Fund and awarded grants to community organizations in the Newport area that deliver programming to promote physical activity and nutrition among youth. NH will continue to fund this worthwhile programming that contributes to reductions in overweight and obesity among Newport residents.

- The Frederick Henry Prince Foundation at NH awards community grants between \$1,000-10,000 to organizations in Newport County focused on building a healthier community for our kids. In 2018, the Fund awarded grants to several local entities for community programs ranging from biking, ballet and soccer to rugby and trail guiding. Grants awarded: FY 2017: \$115,613; FY 2018: \$110,334; and FY 2019: \$121,100.
- B. Provide free community lectures on nutrition and healthy weight.
- NH offered NH Community Yoga on Wednesday evenings from September 6-December 27, 2017.
  - NH began offering Community Chair Yoga during the fiscal year ended September 30, 2018 for residents with limited mobility.
  - NH hosted a lunch & learn on Eating Healthy for Raytheon, a large employer in the service area, on March 8, 2018.
  - NH Walking Program continued throughout the fiscal year ended September 30, 2019.
- C. Join the RI Healthcare Local Food Challenge, which encourages RI hospitals and health centers to purchase and provide local sourced, healthy food options along with consumer education in their cafeterias.
- Based on unforeseen food safety requirements encountered while determining how to implement this type of program in a hospital setting, various obstacles prevented NH from moving forward with this initiative.
- D. In partnership with the Newport HEZ, funded by the RI Department of Health, offer the Diabetes Prevention Program (DPP) to pre-diabetic patients in the NH service area. DPP is a proven effective program, recognized by the Centers for Disease Control and Prevention, which teaches people at risk of developing diabetes how to prevent the condition through diet and exercise.
- The Newport HEZ offered DPP during the fiscal years ended September 30, 2017 and 2018 but ceased the program during the fiscal year ended September 30, 2019, at which time the Lifespan Community Health Institute offered to host DPP in the Newport service area. The Lifespan Community Health Institute also provided free materials to a non-profit senior center in the NH service area to run the DPP.

#### **IV. Assessment of Health Needs of the Newport Hospital Community**

The CHNA process involved the integration of information from a range of data sources to identify the significant health needs of the community served by NH, prioritize those needs, and identify resources, facilities and programs to address the prioritized needs. Both qualitative primary data and secondary quantitative data were gathered to identify the significant health needs of the community.

The primary data sources include community health forums, key informant interviews, and individual surveys. Secondary data sources include national and local publications of state-specific data. These sources vary in sample size, method of data collection and measures reported, but all are publicly available sources and, in each case, the most recent publicly accessible data is presented. The data sources are described in more detail below.

##### *Community Health Forums*

Qualitative data was collected through Community Health Forums (CHFs) to solicit input from individuals representing the broad interests and perspectives of the community. Participants in the CHFs included members of the medically underserved, low-income, and minority populations in the NH service area.

Community forums are a standard qualitative social science data collection method, used in community-based or participatory action research. According to Berg, et al., this approach “endorses consensual, democratic and participatory strategies to encourage people to examine reflectively their problems or particular issues affecting them or their community.”<sup>40</sup>

Seven CHFs were held between May 15 and June 13, 2019 across the NH service area, with forty-four participants. Participants were recruited using social media, posted flyers, email, and word of mouth. Locations were selected to be easily accessible to the public and hospital patients, and forums were held at various times of the day on weekdays and weekends. NH forums were held at senior centers, a community college, a town hall, a recreation center, a primary school, and at NH. At each forum, a full meal was provided, along with child care and interpretation if requested in advance. All CHFs were open to the public and participants were fully engaged throughout the 90-minute discussions. *See Appendix B.*

A representative of NH served as a hospital liaison to help plan and facilitate the CHFs. The hospital liaison was a critical link between the LCHI as the coordinating body, the expertise and resources within the hospital, and the Community Liaisons described below.

An important and unique component of the CHFs was the involvement of Community Liaisons. Three people representing the diverse populations served by NH were hired as consultants to assist with the CHNA. These Community Liaisons helped plan the CHFs, recruited participants, and co-facilitated the forums. Appendix C, contains a bio-sketch for each of the NH Community Liaisons and Appendix D contains the Community Liaison

position description. All Community Liaisons were chosen through a competitive selection process and completed a 2-hour training prior to leading the CHF. The training included project planning tips, role-playing activities, conflict management tips, and logistical expectations. Community Liaisons were responsible for identifying an accessible community venue for each forum, selecting a food vendor and menu that would be appealing to the target audience, and co-facilitating the discussion at the CHF with their hospital liaison.

Each CHF was two hours in duration and followed a similar format that began with a meal, followed by a 90-minute discussion, co-facilitated by the hospital and Community Liaison, that generated consensus on the participants' health concerns, their prioritization of those concerns, and their ideas for how NH could respond to those concerns. Discussion began with a brief presentation of NH's 2016 CHNA priorities and examples of activities the Hospital has performed in response. Participants were invited to share their reactions to what was presented as well as their current health concerns. See Appendix D a sample CHF agenda. The input gathered during the CHF was assessed qualitatively to extract themes and quantitatively to determine the frequency with which those themes were cited. Community Liaisons also met with the LCHI and the Hospital Liaison to debrief the forums and offer their interpretation of the findings to ensure all input was captured and that priorities were appropriately aligned.

Hiring, training, and empowering community members to serve as Community Liaisons in the CHNA process enriched the quantity and quality of community input. It also allowed NH to build relationships with communities that might not otherwise have become aware of or engaged in the needs assessment process.

### *Individual Surveys*

To broaden the reach of community input, surveys were distributed and collected by LCHI staff at events they attended in May and June 2019, such as the annual Pride Festival. The surveys addressed the same questions as the CHF (See Appendix E for the survey). Three individual surveys were received for NH.

### *Key Informant Interviews*

The director of the LCHI identified public health and health policy leaders who could inform the 2019 CHNA process and had knowledge, information or expertise about the community that NH serves. Key informant interviews were conducted with the state leaders to supplement the other quantitative and qualitative data collected. Key informants include the:

- Acting Chief of Staff, Executive Office of Health and Human Services, State of Rhode Island and Policy Director, Rhode Island Children's Cabinet
- Director of Policy, Planning, and Research, Executive Office of Health and Human Services, State of Rhode Island
- Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health
- Physician Lead, Health Equity Institute, Rhode Island Department of Health

When crafting the NH implementation strategy, NH reflected upon the key themes that emerged from these conversations. The statewide priorities and recommendations of the key informants included: incorporate health equity targets; generate and monitor data on health disparities, especially by race, ethnicity and income; build strategies that incorporate the social determinants of health; go beyond individual interventions to family/household level interventions; make investments in early childhood; consider co-morbidities, especially between behavioral health and chronic diseases; confront racism and bias to improve care; provide personalized care; be sensitive to misalignments between within healthcare; and continue to address substance misuse and behavioral health conditions.

#### *NH Patient Data, 2016-2018*

Lifespan's Planning Department analyzed NH patient data on patients, discharges, and encounters was disaggregated by town of residence, age, race, ethnicity, and language spoken for fiscal years ended September 30, 2016 through September 30, 2018. This inpatient, outpatient and ED data is important for understanding trends in utilization of hospital services.

#### *The Commonwealth Fund 2019 Scorecard on State Health System Performance – Rhode Island, 2019<sup>41</sup>*

The *Commonwealth Fund Scorecard on State Health System Performance* identifies places where their health care policies are on track and areas that need improvement. Using the *Scorecard*, states can compare how their performance stacks up against all others. In the most recent edition, released in June 2019, Rhode Island was the state that improved the most on the health system performance indicators tracked over time; Rhode Island improved on 21 indicators, worsened on seven, and had little or no change on 15. Rhode Island particularly made strides in the areas of coverage and behavioral health. The state uninsured rate among adults dropped from 17% in 2013 to 6% in 2017. In addition, the percentage of adults with any mental illness reporting an unmet need dropped from 27% in 2010–11 to 17% in 2014–16. The state also saw significant reductions in the percentage of children with unmet mental health needs. The childhood overweight and obesity rate improved to 31% (vs. 36% in 2016). However, the prevalence of adults who are overweight and obese worsened (31% in 2017 vs. 27% in 2016), as did preventable hospitalizations among adults ages 65+ (212.2 per 1,000 Medicare beneficiaries). At #41, Rhode Island was also among the bottom-ranked states for drug poisoning deaths per 100,000 population.

#### *Rhode Island Kids Count Factbook, 2019<sup>42</sup>*

Published annually since 1995, The *Rhode Island Kids Count Factbook* is the primary publication of Rhode Island Kids Count. The *Factbook* provides a statistical portrait of the status of Rhode Island's children and families, incorporating the best available research and data. Information is presented for the state of Rhode Island, each city and town, and an aggregate of the four core cities (cities in which more than 25% of the children live in poverty)- Providence, Central Falls, Pawtucket and Woonsocket. The *Factbook* tracks the progress of 71 indicators across five areas of child wellbeing: Family & Community, Economic Wellbeing, Health, Safety, and Education.

### *Governor Gina Raimondo's Overdose Prevention Action Plan*<sup>43</sup>

In 2015, Rhode Island Governor Gina Raimondo issued Executive Order 15-14 to establish the Overdose Prevention and Intervention Task Force in response to the significant toll that the opioid epidemic was taking on Rhode Islanders. Initially, the task force's goal was to reduce opioid overdose deaths by one-third within three years. The task force developed a strategic plan with four pillars- prevention, treatment, rescue and recovery. In 2019, the task force issued an update to its strategic plan that retained the original four strategy pillars and added five new core principles that bridge the pillars while placing additional emphasis on prevention and recovery. The five cross-cutting pillars are: (1) Integrating Data to Inform Crisis Response, (2) Meeting, Engaging and Serving Diverse Communities, (3) Changing Negative Public Attitudes on Addiction and Recovery, (4) Universal Incorporation of Harm-Reduction, and (5) Confronting the Social Determinants of Health.<sup>44</sup> Rhode Island experienced a decline in overall overdose deaths, from 336 in 2016 to 314 in 2018.<sup>45</sup>

### *Rhode Island State Innovation Model (SIM) Test Grant, 2015-2019*<sup>46</sup>

Rhode Island was selected to participate in a multi-year State Innovation Model (SIM) grant intended to "improve health system performance, increase quality of care, and decrease costs for Medicare, Medicaid and Children's Health Insurance Program (CHIP) beneficiaries..." Rhode Island received a \$20 million award in fiscal year ended September 30, 2015 to test its health care payment and service delivery reform model over four years. The ultimate goal of the project was to achieve the "triple aim" of better care, healthier people, and smarter spending, through a value-based care lens. Governed by an interagency team and a steering committee on which Lifespan was represented, the Rhode Island SIM project developed a theory of change that focuses more on value and less on volume: If Rhode Island SIM makes investments to support providers and empower patients to adapt to these changes, and we address the social and environmental determinants of health, then we will improve our population health and move toward our vision of the "Triple Aim."

### *Rhode Island Department of Health Strategic Framework*<sup>47</sup>

In 2015, Dr. Nicole Alexander-Scott, Director of the Rhode Island Health Department (RIDOH), issued the RIDOH Strategic Framework, the department's blueprint for reducing health disparities and achieving health equity in Rhode Island. The three leading priorities in the framework are: (1) Address the social and environmental determinants of health in Rhode Island, (2) Eliminate the disparities of health in Rhode Island and promote health equity, and (3) Ensure access to quality health services for Rhode Islanders, including our vulnerable population. Twenty-three population health goals are distributed across five strategies. The third strategy relates to health care: "Promote a comprehensive health system that a person can navigate, access, and afford." RIDOH's population health goals for this strategy are to improve access to care, including physical, oral, and behavioral health systems; improve healthcare licensing and complaint investigations; expand models of care delivery and healthcare payment focused on improved outcomes; build a well-trained, culturally competent, and diverse health system workforce to meet Rhode Island's needs; and increase patients' and caregivers' engagement within the care system.



### *RIDOH Health Equity Zones*

The RIDOH Strategic Framework highlights the state's *Health Equity Zones* (HEZ), which are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities.<sup>48</sup> The RIDOH selected a first cohort of 11 HEZ in April 2015 (two subsequently ceased the contract with the RIDOH before the first project period concluded) and a second cohort of three new HEZ in May 2019. The HEZ are charged with forming community-led collaboratives, conducting baseline needs assessments, creating plans of action, and implementing & evaluating those plans of action. The RIDOH expects hospitals and HEZ to partner on clinical-community linkages to improve population health at local levels.<sup>49</sup>

The Newport HEZ, operating in the Broadway and North End neighborhoods of Newport, was among the first cohort of HEZ. Based on its initial community assessment, the Newport HEZ identified six categorical areas of focus that impact health: (1) transportation; (2) food access; (3) education, innovation and economic opportunity; (4) open space, parks and trails; (5) arts & culture; and (6) physical and emotional health.<sup>50</sup> NH worked with the Newport HEZ to develop a 5-year joint action plan covering the period of July 2018 – June 2023 that details activities of shared interest on which NH and Newport Hospital will partner, including community education programs and sponsoring community events.

### *Behavioral Risk Factor Surveillance System – Rhode Island, 2018*

The Behavioral Risk Factor Surveillance System (BRFSS) is the nation's premier system of health-related telephone surveys that collect state data about U.S. adult residents regarding their health-related risk behaviors, chronic health conditions, and use of preventive services. A partnership between the Centers for Disease Control and Prevention and each state's department of public health, the survey is conducted annually by phone to land lines and cell phones.<sup>51</sup> Rhode Island's goal is to interview 5,830 respondents with 55% of those interviewed on a cell phone.<sup>52</sup> The BRFSS collects information from Rhode Island adults (18+ years) as part of an effort to address key national health indicators and state priorities. Survey topics include self-reported health status, health care access, fruit and vegetable consumption, risk behaviors, chronic disease burden, and physical activity, among others.<sup>53</sup>

### *Kaiser Family Foundation State Health Facts – Rhode Island, 2019<sup>54</sup>*

*State Health Facts* is a project of the Henry J. Kaiser Family Foundation and provides free, up-to-date, and easy-to-use health data for all 50 states, the District of Columbia, and the United States. *State Health Facts* is comprised of more than 800 health indicators from a variety of public and private sources, including Kaiser Family Foundation reports, public websites, government surveys and reports, and private organizations. Data presented on *State Health Facts* are updated or added as new data become available; the update schedule varies from indicator to indicator.

### *County Health Rankings – Newport County and RI, 2019*<sup>55</sup>

The *County Health Rankings & Roadmaps* program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual *County Health Rankings* provide a revealing snapshot of how health is influenced by where we live, learn, work and play. The rankings compare counties within each state on more than thirty health-influencing factors such as housing, education, jobs, and access to quality health care.

### *Rhode Island Department of Health Statewide Health Inventory, 2015*<sup>56</sup>

The Statewide Health Inventory study was designed to evaluate the access and barriers to medical services in the state. The *Hospital Survey* included information about patients' primary residence location, insurance sources for patients, census and visit data for fiscal year 2014, demographics about patients, interpreter services, staffing by specialty and service category, outpatient specialty clinics and services for calendar year 2014, and information technology, in addition to other data elements. The survey was informed by the Centers for Disease Control and Prevention "National Hospital Care Survey Facility Questionnaire" and the American Hospital Association "AHA Annual Survey of Hospitals." Findings were reported in the categories of Outpatient Care, Hospitals, Long-term Care, Facilities & Centers, and Patients & Community. The RIDOH expects to complete an update to the inventory in 2020.

### *Rhode Island Behavioral Health Project Report, 2015 (Truven Analytics)*<sup>57</sup>

Prepared for the Rhode Island Executive Office of Health and Human Services, Department of Health, Department of Behavioral Health, Developmental Disabilities, and Hospitals, and the Office of the Health Insurance Commissioner, Truven Analytics published findings and recommendations for improving behavioral health in Rhode Island through a public health approach.

### **Critical Need Identification and Priority Ranking**

The CHNA process required NH to synthesize, interpret and prioritize the varied data collected. Existing NH and Lifespan-specific service line expertise also factored into the selection and prioritization process.

Interpreting and prioritizing all relevant data was the responsibility of a steering committee comprised of the Community Liaisons, NH Liaison, LCHI leadership, NH leadership, and Lifespan leadership. Representatives of these stakeholder groups met multiple times to analyze the data, prioritize the significant health needs, and craft responsive strategies in order for NH to effectively allocate its resources to improve the health status of the communities it serves. During the discussions, the needs were prioritized based on the importance identified by the community; the scope, severity or urgency of the need as identified by the community and the data; as well as the estimated ability of NH to provide effective interventions.

Other health concerns identified during this process will continue to be considered and evaluated as opportunities to share with other organizations that are better equipped to respond to those needs or for future NH strategies.

The prioritized, significant health needs resulting from the NH 2019 CHNA processes are:

Priority 1: Access to Primary Care and Specialty Services

Priority 2: Outreach and Education

Priority 3: Access to Mental and Behavioral Health Services

Priority 4: Wellness Programs

Priority 5: Aging in Place

## **V. Identification of Newport Hospital Community Significant Needs**

Based on the extensive review, evaluation, and discussion of the qualitative and quantitative data collected through the CHNA process conducted on behalf of NH, five significant health needs facing the community served by NH have been identified. The methodology used to determine which health needs facing community have been determined to be significant and the process of prioritizing by order of significant to the community is described in Section IV of this report. Section V focuses on NH's prioritized significant health needs in further detail and identifies specific resources, facilities, and programs within the community, including those at NH, that are potentially available to address these significant health needs.

### **1. Access to Primary Care and Specialty Services**

Adequate access to primary care services is essential to improving population health. It enables patients to have a source of care that leads to positive health outcomes. As the Institute of Medicine defines it, "primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."<sup>58</sup> Without primary care access, patients may not receive appropriate care in a timely manner. The scope of primary care includes preventive care that can help to keep patients healthier in the long term, disease management, and the identification of needed behavior changes to maintain health throughout the lifespan.

Without a consistent primary care connection, patients' care can become fragmented, resulting in inconsistent treatment and poor outcomes. This is particularly problematic for the elderly population, many of whom have chronic conditions. Newport County has a relatively older population with 22.2% of the population over the age of 65 compared to 17.2% for Rhode Island. According to the Rhode Island Aging in Community- 2016 report, Rhode Island has the highest proportion of older adults aged 85 or older in the United States. 90% of seniors in Rhode Island have at least one chronic condition and the majority have two or more.<sup>59</sup>

Chronic conditions can lead to higher levels of hospital utilization, particularly if not managed properly. According to the RIDOH, patients with congestive heart failure are thirteen more times likely to be admitted to the hospital than the overall population and those with Chronic Obstructive Pulmonary Disease (COPD) are readmitted, on average, 7.5 times more than the overall population.<sup>60</sup> In 2016, Rhode Island ranked 46<sup>th</sup> nationwide for diabetic adults ages 18-64 without a hemoglobin A1c test, which is a key indicator of chronic disease management.<sup>61</sup> As a result of indicators like these, reducing chronic illness is one of the RIDOH's population health goals.<sup>62</sup>

One of the RIDOH's five strategies in its *Strategic Framework* is to promote a comprehensive health system that a person can navigate, access, and afford with the improvement of access to care as one of its twenty-three population health goals. Access is difficult without a strong primary care provider (PCP) base. Consistent care along the continuum is also important as patients transition through the age spectrum. For example, consistently linking postpartum patients with a PCP will ensure that the issues identified during pregnancy that can be indicators of future health-care problems (e.g. gestational diabetes) are addressed in a timely manner.

Newport County's need for PCPs is evidenced by its ratio of population to PCPs of 1,270:1 which is higher than the Rhode Island overall average of 1,040:1 and other top U.S. state performers (1,050:1).<sup>63</sup> The NH CHF participants also indicated a need for additional PCPs, specifically in family medicine, internal medicine, and geriatrics.

Newport County is designated as both a Health Professional Shortage Area (HPSA) and Medically Underserved Area/Population (MUA/P) by the Health Resources and Services Administration (HRSA).<sup>64</sup> These designations seek to identify geographic areas with populations in need of primary care, dental, or mental health providers. The three criteria for a HPSA that determine its score are: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the Federal Poverty Level (FPL); and (3) estimated travel time to the nearest source of care outside the HPSA. The first criterion holds the greatest weight in the scoring.<sup>65</sup>

A MUA/P designation depends on the Index of Medical Underservice (IMU) score. An IMU score is calculated based on: (1) population to provider ratio; (2) percentage of the population whose family income falls below 100% of the FPL; (3) percentage of the population over 65 years of age; and (4) the infant mortality rate. The IMU score ranges from 0 to 100 where 62 or below qualifies as MUA designation. The west side of the Newport service area has a score of 60.4 as of February 1994.<sup>66</sup>

Recruiting primary care providers in Rhode Island represents a challenge due to the relatively low reimbursement and payment rates within the state. Due to the physician shortage, Rhode Island is required to compete regionally and nationally for providers. Nationally, there is a current and projected shortage of PCPs.<sup>67</sup> This shortage is expected to grow as the population age increases and the corresponding need for services of that population grows. Individuals over 65 years-old seek care from PCPs at twice the rate of the younger population, while at the same time, the supply of PCPs is expected to diminish as

existing PCPs retire.<sup>68</sup> In addition, younger PCPs are now seeking an improved work-life balance than their predecessors and will likely see fewer patients a year. The PCP shortage is exacerbated as internal medicine providers seek positions as hospitalists or choose a subspecialty and, therefore, no longer provide outpatient primary care in the community. Few new physicians choose a geriatric primary care subspecialty due to long, expensive training and lower compensation rates than physicians in other specializations. Hospitals and physician practices are augmenting the physician supply with nurse practitioners (NP) and physician assistants (PA) integrated into the care team. The Health Resources and Services Administration estimates that the full deployment of NPs and PAs, where supply is increasing, could reduce the physician shortage by over 60%.<sup>69</sup>

Linkage with a PCP can help reduce the number of Emergency Room visits and lower the rate of hospital stays related to ambulatory-sensitive conditions, potentially preventing the need for hospitalization. Timely PCP intervention can prevent complications or more severe disease.<sup>70</sup> In Newport County, the rate for ambulatory sensitive conditions was 4,285 per 100,000 Medicare enrollees compared to the top U.S. performers of 2,765 per 100,000. The state of Rhode Island also performed poorly on this measure (4,400 per 100,000).<sup>71</sup>

To enhance access, it is helpful for PCPs to have availability at times that are convenient for patients. To meet this demand, NH primary care practices currently offer Quick Sick visits from 8-9am, Monday-Friday. In addition, a new urgent care center, operated by LPG, is expected to open in the service area later this year.

Additionally, CHF participants identified the need for improved timely access to specialists with a need for local access to behavioral health, cancer, neurology, and orthopedic services. Cancer is the second leading cause of death in Rhode Island and had a higher mortality rate in Rhode Island (154.2 per 100,000) compared to the United States (152.5) in 2017 according to the most recent CDC reports. Cancer incidence was also higher in Rhode Island (458.0) than in the United States (437.7).<sup>72</sup> The shortage of specialists nationwide, while not as critical as the PCP shortage discussed previously, is expected to worsen as the population ages and requires more services and the supply of providers diminishes due to boomers entering retirement.<sup>73</sup>

It is important to note that NH is located in the City of Newport which is part of Aquidneck Island. The NH primary service area includes two other islands- Conanicut Island and Prudence Island, along with the easternmost portion of the state on mainland Rhode Island. This means that the majority of NH patients experience the geographic isolation of living on an island. There is also a deeply entrenched mindset of reluctance to leave the island within the Newport County community which can result in residents not receiving all the elements of healthcare that they require.

There is an acute PCP shortage within easy geographic access for residents of Newport County. In addition, NH reports that it has a challenge recruiting and retaining PCPs, resulting in disjointed care for patients. The greatest immediate need appears to be in Jamestown which has only one PCP, one NP and no specialists on the island.

Another component of access to services is the ability to obtain services that are linguistically and culturally appropriate. The CHF participants indicated that there was an unmet need for these supports. Building a well-trained, culturally-competent, and diverse health system workforce to meet Rhode Island's needs is one of the State's twenty-three population health goals.<sup>74</sup>

To meet these needs, NH has been focusing on increasing the PCP base, improving access, and ensuring the existing providers are meeting the needs of the community through PCMH and other initiatives. NH will continue to expand primary care access through recruitment of additional MDs and Nurse Practitioners, better linking patients to care, and opening an urgent care center in Middletown. Strategies also focused on improving health literacy and collaborating with local non-profits to offer and sponsor community-based education programs.

To address the recent increase in specialist recruitment and program development, particularly in orthopedics, NH will recruit specialists in high demand specialties, and monitor wait times for new patients to understand where further intervention is necessary. NH will continue to facilitate connections between NH patients and their providers outside of Lifespan. Strategies will also focus on expanding language assistance services.

## **2. Outreach and Education**

The need for increased outreach and education is identified in the RIDOH *Strategic Framework* with two of the five strategies addressing this in some form<sup>75</sup>:

- Promote healthy living through all stages of life; and
- Analyze and communicate data to improve public's health.

Three of Rhode Island's twenty-three population health goals focused, at least partially, on the need for Outreach and Education<sup>76</sup>:

- Promote behavioral health and wellness among all Rhode Islanders;
- Improve health literacy among Rhode Island residents; and
- Increase patients' and caregiver's engagement within care systems.

The CHF participants identified this need with a focus on youth engagement and youth enrichment. Participants requested education and outreach to young children and school age children with age-appropriate programs and services through a variety of methods including telehealth. They further identified a need for training programs for the general public, educators, and health care providers.

Disparities are prevalent within the NH community, as the median family income in Newport (\$81,567) is higher than the State (\$72,430)<sup>77</sup> while the percentage of children living below the FPL was also higher in Newport (24.4%) than the state of Rhode Island (16.9%).<sup>78</sup> Data show that the youth in the towns of Newport and Middletown are at particular risk of experiencing income disparities, as highlighted by the risk factors in Table 5. Of note, the 2019 Commonwealth Fund *Scorecard* showed that Rhode Island ranked 32<sup>nd</sup> nationwide among children without a medical home demonstrating a worsening disparity between the

high and low-income populations for this measure (47<sup>th</sup> nationwide). While improvements should be made in this area overall, there is greater urgency for low-income children. NH does not operate a pediatrics department but it will promote Lifespan’s Health Connection, a service to steer patients looking for providers to hospital or community-based providers in their area who are accepting patients. In addition, through its participation on community-led initiatives like the Newport Partnership for Families, NH will continue to identify opportunities to collaboratively reduce disparities for children, youth and families.

Table 5. Selected Youth Risk Factors<sup>79</sup>

Risk Factor	Newport, RI	Middletown, RI	Rhode Island
Children in Single Parent Families (2010)	42%	21%	31%
Birth to Mothers without HS diploma (2017)	12%	3%	11%
Teen Birth Rate (births to 15-19 girls/1,000; 2011)	18.1	5.7	12.4
Victims of child abuse*	27.8	15.1	14.6
Children with incarcerated parent**	12.7	15.1	11.8
Breast Feeding Rate***	73%	81%	69%

\* # unduplicated child (<18) victims of abuse/neglect per 1,000 children; 2018

\*\*# children with incarcerated parent per 1,000 children; 2018

\*\*\*percentage of newborn babies who are breastfed at time of hospital discharge; 2013; US rate is 83%

Targeting the socioeconomic stressors on individuals, families, and children was stated as a leading priority during the key informant interviews and is highlighted in the RIDOH *Strategic Framework*. Given the increasing amount of information in the literature regarding the impact that these stressors have on health, population health cannot be improved without positively influencing them.<sup>80</sup> As mentioned in Section IV, the RIDOH-supported HEZ are geographic areas designed to achieve health equity by eliminating health disparities using place-based strategies to promote healthy communities. Newport was in the first cohort of HEZ. Based on its initial community assessment, the Newport HEZ identified six categorical areas of focus that impact health, most of which address social and environmental determinants of health: (1) transportation; (2) food access; (3) education, innovation and economic opportunity; (4) open space, parks and trails; (5) arts & culture; and (6) physical and emotional health. In addition, NH and the Newport HEZ agreed to five-year action plan in 2018, through which NH helps fund, organize, and implement activities that support the HEZ goals. The time frame for the Newport HEZ action plan overlaps with the time period of this CHNA so this continues to be a priority area for NH.

The CHF participants felt that the outreach should be accomplished through a variety of channels and formats to capture the population where they live, work, and play. Targeting youth requires utilizing methods that will capture their attention, such as social media, text and video, reaching them in places where they spend their time such as school and sports activities, and working with influencers like coaches and teachers. As trusted advisors, a



strong PCP network (Priority #1) can support this outreach as well. Outreach and education is also needed to reach elderly patients and their caregivers (Priority #5).

Additionally, CHF participants indicated a need to improve the awareness of the community about programs and services that NH offers so that the population better understands what is already available and how to access it. Health literacy, the degree to which an individual understands health information and can use that information to make informed decisions about their health, helps prevent poor health outcomes and leads to better maintenance of health, thereby improving population health. In partnership with the LCHI, NH will offer health literacy training across its service area.

To meet these needs Newport dedicated a 0.5FTE community outreach specialist has been recruited in September 2019 for the Newport area and will support the free Community Lecture Series on a monthly basis in addition to a host of other educational programs. Looking forward, the audience for presentations will be expanded to include school communities- students, educators, coaches and other educational associations. Expanding community awareness of programs offered will be enhanced by a communication strategy that employs multiple channels to effectively promote health and wellbeing across the service area, including exploring telehealth service options. NH will continue its relationship with the Newport Partnership for Families and the Newport HEZ to advance community health goals.

### **3. Access to Mental and Behavioral Health Services**

As previously discussed in NH's 2016 CHNA, CHF participants again identified behavioral health as a critical concern. Sufficient services to address behavioral health have also been identified as a leading health concern and priority by the RIDOH. One of Rhode Island's twenty-three population health goals is to promote behavioral health and wellness among all Rhode Islanders. Further, one of the population health goals of the State through the SIM highlights the critical need to align physical and behavioral health in treatment.<sup>81</sup> This need for alignment and integration was also noted by the CHF participants and is becoming a practice standard in primary care practices across the country.

Mental health conditions can include ADHD, anxiety, depression, bipolar disorder, psychosis, obsessive-compulsive disorder, post-traumatic stress disorder, schizophrenia, and depression. These conditions can put people at risk for suicidality or self-harm, violence, substance use disorder, and early death. Substance use disorders can include use of tobacco, alcohol, or other drugs. Children in Rhode Island continue to face greater economic, social, and familial risk for the development of mental health and substance use disorders than children in other New England states and the nation.<sup>82</sup> In Newport County, the youth risk factors identified under Priority #2 make the County's youth population particularly vulnerable to substance abuse and psychological distress when they are older.

The CHF participants warned of a mental health crisis in the geographical area and identified numerous access needs facing the youth, students, parents, and patients with substance use disorders, as well as the general population for educational, outpatient, and partial hospitalization programs. CHF participants also indicated a desire for telehealth care delivery opportunities. Specific comments included:

- Because of limited programs and resources, the continuum of care is not consistent and patients are not able to navigate from prevention to treatment to ongoing recovery. In Rhode Island, one in five Medicaid beneficiaries hospitalized for a mental illness had no follow up treatment thirty days after discharge;<sup>83</sup>
- Parents of preschool age children with severe behavioral health concerns need education on the ED access process and prevention resources;
- Children and their parents need guidance and resources to deal with a multitude of symptoms including anxiety, stress, drug and alcohol abuse, vaping, body image and self-esteem, bullying, and social navigation. The youth risk factors identified in Priority #2 augment the need for guidance and resources. The expertise of EPBH can be leveraged to provide valuable assistance to the NH community; and
- There are no local pain management clinics; alternative options for pain treatment and management is critical to reducing reliance on opioids.

Rhode Island mortality data shows age adjusted drug overdose deaths of 31.0 per 100,000 compared to 21.7 for the United States.<sup>84</sup> Rhode Island ranks 41<sup>st</sup> nationwide in deaths from drug poisoning per 100,000 population.<sup>85</sup> Newport and Newport County have similar overdose profiles to the state but Newport had a higher percentage of overdose deaths between 2016 and 2018 among the population age 55 years or older (45%) compared to Newport County (21%) and the State (20%). Newport County and Rhode Island in its entirety has similar age distributions.<sup>86</sup>

For over a decade, opioid use disorder and accidental drug overdose has been on the rise, likely because of a dramatic increase in the amount of opioids being prescribed.<sup>87</sup> Since 2010, rates of opioid deaths in Rhode Island have exceeded national averages.<sup>88</sup> In 2015, Rhode Island had the highest rates of illicit drug use in the nation, as well as the highest rate of drug overdose in New England.<sup>89</sup> According to KFF State Health Facts, 29,000 adults and 3,000 youth reported needing but not receiving treatment for illicit drug use between 2016-2017.<sup>90,91</sup> In 2018, 314 people in Rhode Island died of accidental drug overdose, more than the number of homicides, motor vehicle accidents, and suicides combined.<sup>92</sup> Other than risk of overdose and death, substance use disorders can lead to other chronic diseases such as diabetes and heart disease. Substance use can also lead to behaviors that put the individual at higher risk for communicable and infectious diseases.

People with a mental health diagnoses are more likely to use alcohol or drugs than those not affected by a mental illness. In 2017, 18.3% of adults with a mental illness had a substance use disorder in the past year, while those adults with no mental illness only had a 5.1% rate of substance use disorder in the past year. For adolescents, ages twelve-seventeen years, in 2017 the percent who used illicit drugs in the past year was higher among those with a Major Depressive Episode (29.3%) than those without (14.3%).<sup>93</sup> Addressing substance use

treatment and prevention cannot be done without considering mental health. Diagnosing and intervening on mental health issues is key to primary prevention of substance use and addiction.<sup>94</sup> Hospitals are crucial to improve early mental health and addiction diagnoses, to increase utilization of the Prescription Monitoring Program (PMP) to prevent addiction, and to provide “Medication-Assisted Treatment” (MAT) and support services to those who survive overdose.

The Rhode Island Strategic Plan on Addiction and Overdose reports that although Rhode Island has an electronic PMP and some of the strongest clinical guidelines for the treatment of chronic pain in the country, provider participation is low and is often not enforced. Hospital and state efforts to expand and enforce the use of the PMP, alongside efforts to engage people who are addicted in treatment with evidence-based medical therapies and recovery support could mitigate the epidemic in Rhode Island.<sup>95</sup>

Because of the high mortality in the state and identification of substance use disorder as a top priority by Rhode Island Governor Gina Raimondo, there has been a steady growth of services targeting substance misuse and addiction. Programs are available at a range of sites: community-based programs, inpatient detoxification centers, outpatient services, and residential programs. PCPs are starting to offer MAT and Office Based Addiction Treatment as an integrated program in their offices. Policy changes have resulted in Narcan being available without a prescription and reimbursement available for Peer Recovery Specialists. Training programs are available for Peer Recovery Specialists. Despite the range of emerging services, the CHF participants still felt that access is difficult and a barrier to care.

Nationwide, there is a severe shortage of mental health providers of all levels, but particularly prescribing psychiatrists. Merritt Hawkins, a physician recruiting firm, cited it as one of the highest compared to other specialties. It also has one of the oldest set of providers with 60% of the current providers over the age of 55.<sup>96</sup> A Health Affairs report indicated that one in five United States residents have a mental health challenge but two in three PCPs have difficulty referring patients because of provider shortages. The ratio of population to mental health providers in Newport County is 330:1 which is higher than Rhode Island (260:1) and the top U.S. performers (310:1). Bristol County, just north of the NH primary service area, has the poorest ratio in Rhode Island at 500:1.<sup>97</sup> Nationally, the Substance Abuse and Mental Health Services Administration estimates that 19.1% of adults had a mental illness in the past year and 4.6% had a severe mental illness. They estimate that about one-third of the adults with a severe mental illness did not receive mental health services.<sup>98</sup>

Leveraging the expertise at RIH and across the Lifespan system should be beneficial in responding to the need in the NH service area. Lifespan remains invested in working to address the overdose epidemic. RIH continues to participate on the Governor’s Overdose Prevention and Intervention Task Force which issued a strategic plan in 2016 and updates to the plan in 2019. The Substance Use Disorders Treatment Program at RIH provides consultations and direct care for patients with substance use disorders and/or with dual-diagnosed conditions. RIH also provides an outpatient program that combines professional

care and self-help approaches with an emphasis on abstinence, family participation, relapse prevention, and health promotion.

As the stigma associated with treatment declines, patient volume is expected to increase. Significant statewide efforts are afoot to address behavioral health and substance use disorders in Rhode Island, with disease rates above the national average.<sup>99</sup> Thoughtful, integrated approach with a focus on patient-centered, community-based, recovery-oriented programs that coordinates care as an integral component of patients' overall health are being developed. A prime example is the newly established Center of Biomedical Research Excellence (COBRE) on Opioids and Overdose at RIH, the first such COBRE center in the nation. During the period covered by this implementation plan, the COBRE will organize two to three symposia that attract researchers and practitioners leading interventions on opioids and overdose, build a website to disseminate information, and bring on at least three pilot project leaders to test innovative responses to the nationwide opioid epidemic.

NH added a 2<sup>nd</sup> track of the Partial Hospitalization Program to address co-occurring mental health and substance use disorders and has deployed recovery coaches in the Emergency Department to intervene. EPBH will also continue its ongoing work with the Rhode Island Overdose Prevention and Intervention Program to combat the opiate epidemic. Mental health education topics, some in partnership with EPBH, will continue and expand to include Mental Health First Aid and Parenting Matters workshops to educate parents and professionals who work with children.

#### **4. Wellness Programs**

Wellness programs, ranging from yoga classes to healthy eating options, are one of the building blocks for healthier communities and can address emotional and behavioral issues impacting health. For Newport County, some of the specific issues to address, in addition to general wellness topics, are obesity, asthma, excessive drinking, addiction, and access to exercise opportunities. These indicators rank poorer with residents of Newport County when compared to the overall population of the United States.<sup>100,101</sup>

The CHF participants identified a need for a richer array of wellness programs in their community either through a hospital-based program or in partnership with other community providers. In addition, they noted that there are a range of programs being offered and it would be helpful to coordinate resources to strengthen opportunities and expand access. The LCHI is dedicating half of the time of a Community Outreach Specialist to work directly with NH and community-based organizations in the service area like the Newport HEZ and Newport Partnership for Families. The Community Outreach Specialist will be able to help coordinate services, publicize programs, and strategize with local partners to amplify collective impact.

In 2017, Rhode Island ranked 30<sup>th</sup> nationwide for children who are overweight or obese in a country with a severe childhood obesity problem.<sup>102</sup> Adult obesity continues to be a risk, as it is nationwide.<sup>103</sup> Reducing obesity in children, teens, and adults is one of the RIDOH's population health goals.<sup>104</sup> Obesity causes heart disease, stroke, some cancer, respiratory disease, diabetes, and kidney disease and is caused by poor diet and physical inactivity,

among other factors. In fact, the CDC reports that physical activity and poor diet are catching up with tobacco use as the second leading preventable cause of death in the US.<sup>105</sup>

**Table 6. Local Behavioral Risk Factors**

Risk Factor	RI	US Avg	State Rank	Annual Trend
Adult obesity (2017) <sup>106</sup>	31%	31%	22	Worse
Childhood overweight/obese (2017) <sup>107</sup>	31%	31%	30	Better
Pediatric admits for asthma/100,000 (2014) <sup>108</sup>	140	106	31	Flat
Death from drug use per 100,000 (2017) <sup>109</sup>	31.0	21.7	41	Worse
	Newport	Top US		
Excessive drinking <sup>110</sup>	24%	13%	NA	NA
Access to exercise opportunities <sup>111</sup>	88%	91%	NA	NA

Although Rhode Island does not currently have elevated risk compared to the country for diseases such as diabetes and cardiovascular disease, the general increase in these diseases indicate wellness programs to support reducing associated risk factors would be appropriate. Wellness programs can also improve awareness of and access to health screening programs for preventive health. CHF participants indicated a need for more screening for breast and skin cancer. As identified in Priority #4, once the wellness programs are developed there must be a process to ensure the community is aware of all the program offerings.

NH offers programs like its annual 5K walk/run, a community walking group, and a range of education programs to promote wellbeing. NH will continue to offer these programs and respond to requests for additional offerings like Food is Medicine and alternative therapies. NH will continue to partner with community groups for prevention programs, with a focus on youth, where applicable. The administration of the Frederick Henry Prince Fund will continue under NH’s purview to prevent childhood overweight and obesity by funding local non-profits.

### **5. Aging in Place**

The population in Newport County is relatively old with 22.2% of its 2018 population 65 years of age or older compared to 17.2% in the State and 16.0% in the United States. As the baby boomer population ages, this elderly population will continue to grow. The first of the baby boomers turned 65 in 2011 and the last will turn 65 in 2029.<sup>112</sup> The health care and life challenges that the elderly population will face, combined with a diminished supply of workers to provide services, must be addressed now before all the baby boomers exceed 65 years of age.

Approximately 75% of older adults have at least one chronic condition, many have two. Mental health disorders impact about one in four older adults, many going untreated. The rate of substance use disorders is also increasing in older adults.<sup>113</sup> The 2019 Commonwealth Fund Scorecard shows a high level of potentially avoidable emergency department visits per 1,000 Medicare enrollees ages 65 and older in 2015 in Rhode Island (212) compared to the United States (197) making Rhode Island 40<sup>th</sup> out of 50 states. 30-day hospital readmissions were also high in 2017 among this population with 45 in Rhode Island and 41 nationwide, making Rhode Island 38<sup>th</sup> nationwide. Admissions for ambulatory sensitive conditions is also higher in Rhode Island.<sup>114</sup> Other key concerns for elderly patients, in addition to general disease management include isolation and falls. The CHF participants noted concerned about the isolation of the area's elderly population, socially and medically.

Promoting senior health to support independent living is one of the State's twenty-three population health goals.<sup>115</sup> The CHF participants also indicated an urgent need for services that will let the older population "age in place" in their homes while remaining connected to the health care system and their communities. There are limited options for assisted living in the area.

In order for "Aging in Place" to be successful, many primary caregivers will need support from personal care and home health aide professionals to extend what they can provide on their own. Due to the increasing need for these professionals, the Bureau of Labor estimates there will be 7.5 million job openings for personal care and home health aides by 2026. The Bureau also indicates the need for reforms in payment and other components of the positions to attract more applicants.<sup>116</sup> The CHF participants indicated a need for training programs to augment the limited workforce. State income tax credits for families that need help with home caregiving will also be helpful.

Other needed resources to enable "Aging in Place" to succeed that have been identified by the CHF participants or others in the industry include:

- Geriatric-focused primary care providers as part of the PCP recruitment targets
- Geriatric care teams across the continuum of specialty care
- Educational sessions for caregivers on testing and treating for issues the population will encounter
- Preventive services such as home safety checks
- Identification and procurement of needed supports such as walkers or alert necklaces before hospital discharge
- Telehealth, apps and other technology to enable patients to access services from their home
- Easily accessible transportation services
- Opportunities for daily social interaction and civic engagement
- Opportunities for physical exercise which has multiple benefits for the elderly including:
  - Promotes mental and cognitive health
  - Prevents dementia
  - Increases physical strength
  - Helps maintain a healthy weight

- Restores restful sleep
- Reduces arthritic disability
- Maintains or improves heart health
- Improves blood sugar control
- Keeps bones strong

As of September 2019, NH will be a member of the WHO/AARP Age-Friendly Network of States & Communities. According to the announcement communication, the Network helps participating communities become great places for people of all ages by adopting features such as safe, walkable streets; better housing and transportation options; access to key services; and opportunities for residents to participate in civic and community activities. Communities participating in the Network commit to improving their livability through an assessment of needs, development of an action plan, implementation of new projects and programs, and ongoing assessment– all with the involvement of older residents. Newport is the 377th community to join and the first in Rhode Island. This involvement will be an important component in resolving the health priority of “Aging in Place”.

Recognizing that this is a new body of work based on a broad community recognition of the aging population which will require cross-sectoral planning, NH plans to explore the feasibility of partnerships with community-based entities to implement strategies that allow seniors to age healthfully outside of institutional settings. Access to home care providers will be expanded through training programs for residents in the area. The addition of a geriatrician in the Newport primary care in July 2018 has positively impacted care for this patient population and initiatives with continue in this realm.

## **VI. Conclusion**

The CHNA is a tool that NH will use to address the significant health needs identified in this report. The results of the CHNA will guide the development of NH’s community benefit programs and implementation strategy. NH’s leadership team, including its Board of Trustees, members of executive management, and other individuals critical to the organizational planning process are currently conducting NH’s implementation strategy which will detail action item plans to covering the period from October 1, 2019 through September 30, 2022. This implementation strategy will be completed and authorized by the NH Board of Trustees consistent with IRS rules and regulations.

## A. Acknowledgements

### Data and Information Contributors

Ada Amobi, MD, MPH, Physician Lead, Health Equity Institute, Rhode Island Department of Health

Erin D. Littlewood, Director of Business Development, Newport Hospital

Monica Anderson, Director of Community Relations and Corporate Citizenship, Lifespan

Christine F. Brown, MHA, Family and Community Liaison Program, Bradley Hospital

Cancer Oversight Committee, The Lifespan Cancer Institute at Rhode Island Hospital, The Miriam Hospital, and Newport Hospital

Deborah Garneau, MA, Director, Health Equity Institute and Special Needs Director, Rhode Island Department of Health

Community Health Institute, Lifespan

Marketing and Communications Department, Lifespan

Rhode Island KIDS COUNT

Kayla Rosen, Acting Chief of Staff, Executive Office of Health and Human Services and Policy Director, Rhode Island Children's Cabinet

Pamela McLaughlin, Director of Patient Experience, Newport Hospital

Jessica Gelinis, Manager, Planning and Analysis, Lifespan

Lisa J. Coble, Director of Volunteer Services and Community Outreach, Newport Hospital

Theresa E. Jenner, MSW, LICSW, CCM, Director of Clinical Social Work, Lifespan

Marti Rosenberg, Director of Policy, Planning, and Research, Executive Office of Health and Human Services, State of Rhode Island

### Community Liaisons

Michael Marosits

Alexandra Morelli

Jenna Stanley

### Community Forum Host Sites

Community College of Rhode Island, Newport, Rhode Island

Jamestown Recreation Center, Jamestown, Rhode Island

Middletown Town Hall, Middletown, Rhode Island

Newport Hospital, Newport, Rhode Island

Pennfield School, Portsmouth, Rhode Island

St. Clare, Newport, Rhode Island

Tiverton Senior Center, Tiverton, Rhode Island



## **B. Contact Information**

For information regarding the 2019 NH CHNA process or findings, or for information on any of the services or strategies mentioned, please contact the Lifespan Community Health Institute.

Lifespan Community Health Institute  
335R Prairie Avenue, Suite 2B  
Providence, RI 02905  
phone: 401-444-8009  
<http://www.lifespan.org>

# Appendix A

## Newport Hospital Patient Demographics: Region, City, & Town, 2016-2018

Region/Town Clusters		Adult & Pediatric Inpatients			Adult & Pediatric Outpatients		
		2016	2017	2018	2016	2017	2018
Urban Core Region	<b><u>Providence, RI:</u></b>						
	City of Providence, RI	8,096	8,008	7,626	171,740	173,325	170,600
	<b>Providence, RI Subtotal</b>	<b>8,096</b>	<b>8,008</b>	<b>7,626</b>	<b>171,740</b>	<b>173,325</b>	<b>170,600</b>
	<b><u>Cranston/Warwick Cluster:</u></b>						
	Cranston, RI	4,852	4,646	4,425	75,085	75,446	73,178
	Warwick, RI	2,441	2,354	2,200	32,439	32,426	32,169
	West Warwick, RI	697	708	664	10,418	10,262	10,608
	<b>Cranston/Warwick Cluster Subtotal</b>	<b>7,990</b>	<b>7,708</b>	<b>7,289</b>	<b>117,942</b>	<b>118,134</b>	<b>115,955</b>
	<b><u>North Providence Cluster:</u></b>						
	Central Falls, RI	453	472	538	11,184	11,250	12,271
	Johnston, RI	1,035	1,088	1,043	14,480	14,260	14,401
	North Providence, RI	408	394	396	7,389	7,339	7,336
	Pawtucket, RI	1,523	1,686	1,958	35,473	35,594	40,203
<b>North Providence Cluster Subtotal</b>	<b>3,419</b>	<b>3,640</b>	<b>3,935</b>	<b>68,526</b>	<b>68,443</b>	<b>74,211</b>	
<b>Urban Core Region Subtotal</b>	<b>19,505</b>	<b>19,356</b>	<b>18,850</b>	<b>358,208</b>	<b>359,902</b>	<b>360,766</b>	
East Bay Region	<b><u>Barrington Cluster:</u></b>						
	Barrington, RI	535	539	461	8,709	8,501	8,164
	Bristol, RI	851	844	800	9,118	9,073	8,484
	Warren, RI	641	609	580	5,930	5,821	5,540
	<b>Barrington Cluster Subtotal</b>	<b>2,027</b>	<b>1,992</b>	<b>1,841</b>	<b>23,757</b>	<b>23,395</b>	<b>22,188</b>
	<b><u>Fall River Cluster:</u></b>						
	Fall River, MA	629	711	644	4,039	4,169	3,804
	Little Compton, RI	48	41	28	682	665	622
	Somerset, MA	114	136	129	1,711	1,557	1,544
	Swansea, MA	148	136	173	2,154	2,300	2,335
	Tiverton, RI	151	167	206	2,752	2,751	2,849
	<b>Fall River Cluster Subtotal</b>	<b>1,090</b>	<b>1,191</b>	<b>1,180</b>	<b>11,338</b>	<b>11,442</b>	<b>11,154</b>
	<b><u>New Bedford Cluster:</u></b>						
Dartmouth, MA	120	134	143	954	860	907	
New Bedford, MA	507	653	576	2,186	2,369	2,283	
Westport, MA	86	88	80	869	950	889	
<b>New Bedford Cluster Subtotal</b>	<b>713</b>	<b>875</b>	<b>799</b>	<b>4,009</b>	<b>4,179</b>	<b>4,079</b>	
<b><u>Newport Cluster:</u></b>							
Jamestown, RI	85	107	65	1,773	1,860	1,832	

	Middletown, RI	231	274	237	4,637	4,578	4,586
	Newport, RI	311	358	325	5,750	6,007	6,064
	Portsmouth, RI	240	220	244	4,582	4,638	4,550
	<b>Newport Cluster Subtotal</b>	<b>867</b>	<b>959</b>	<b>871</b>	<b>16,742</b>	<b>17,083</b>	<b>17,032</b>
	<b>East Bay Region Subtotal</b>	<b>4,697</b>	<b>5,017</b>	<b>4,691</b>	<b>55,846</b>	<b>56,099</b>	<b>54,453</b>
<b>I-95 Corridor Region</b>	<b><u>Attleboro Cluster:</u></b>						
	Attleboro, MA	473	410	534	4,253	4,201	4,523
	North Attleboro, MA	215	191	260	2,314	2,254	2,152
	Plainville, MA	63	39	56	356	345	344
	Wrentham, MA	19	26	18	227	188	194
	<b>Attleboro Cluster Subtotal</b>	<b>770</b>	<b>666</b>	<b>868</b>	<b>7,150</b>	<b>6,988</b>	<b>7,213</b>
	<b><u>Cumberland Cluster:</u></b>						
	Cumberland, RI	592	740	701	12,338	12,795	12,871
	Lincoln, RI	407	478	437	8,097	8,484	8,905
	Smithfield, RI	507	484	536	7,750	7,849	7,611
	<b>Cumberland Cluster Subtotal</b>	<b>1,506</b>	<b>1,702</b>	<b>1,674</b>	<b>28,185</b>	<b>29,128</b>	<b>29,387</b>
	<b><u>East Prov. Cluster:</u></b>						
	Dighton, MA	41	45	49	630	581	688
East Providence, RI	2,398	2,318	2,442	29,980	29,403	29,677	
Rehoboth, MA	196	230	252	3,294	3,358	3,254	
Seekonk, MA	366	391	345	5,396	5,331	5,446	
<b>East Prov. Cluster Subtotal</b>	<b>3,001</b>	<b>2,984</b>	<b>3,088</b>	<b>39,300</b>	<b>38,673</b>	<b>39,065</b>	
	<b>I-95 Corridor Region Subtotal</b>	<b>5,277</b>	<b>5,352</b>	<b>5,630</b>	<b>74,635</b>	<b>74,789</b>	<b>75,665</b>
<b>South Region</b>	<b><u>Coventry Cluster:</u></b>						
	Coventry, RI	736	764	724	11,034	11,302	11,354
	East Greenwich, RI	384	457	369	6,876	6,769	6,580
	Exeter, RI	82	88	96	1,646	1,549	1,689
	North Kingstown, RI	540	581	572	9,071	9,180	9,127
	West Greenwich, RI	123	128	122	2,029	1,946	2,026
	<b>Coventry Cluster Subtotal</b>	<b>1,865</b>	<b>2,018</b>	<b>1,883</b>	<b>30,656</b>	<b>30,746</b>	<b>30,776</b>
	<b><u>Southern RI Cluster:</u></b>						
	Charlestown, RI	138	136	124	1,305	1,252	1,359
	Hopkinton, RI	187	154	172	2,105	2,085	2,029
	Narragansett, RI	180	178	219	2,689	2,617	2,613
	New Shoreham, RI	8	9	19	128	117	143
	Richmond, RI	67	59	88	828	907	832
South Kingstown, RI	395	442	428	5,709	5,606	5,703	
Westerly, RI	280	301	230	2,604	2,834	2,785	
<b>Southern RI Cluster Subtotal</b>	<b>1,255</b>	<b>1,279</b>	<b>1,280</b>	<b>15,368</b>	<b>15,418</b>	<b>15,464</b>	
	<b>South Region Subtotal</b>	<b>3,120</b>	<b>3,297</b>	<b>3,163</b>	<b>46,024</b>	<b>46,164</b>	<b>46,240</b>
<b>North</b>	<b><u>NorthWestern MA/RI Cluster:</u></b>						
	Burrillville, RI	325	346	343	4,795	4,691	4,999

	Douglas, MA	5	13	13	112	129	157
	Foster, RI	192	138	127	2,317	2,226	2,301
	Glocester, RI	143	172	175	2,800	2,938	2,837
	Scituate, RI	298	323	366	5,232	5,109	5,379
	Uxbridge, MA	10	8	6	228	252	238
	<b>NorthWestern MA/RI Cluster Subtotal</b>	<b>973</b>	<b>1,000</b>	<b>1,030</b>	<b>15,484</b>	<b>15,345</b>	<b>15,911</b>
	<b><u>Woonsocket Cluster:</u></b>						
	Bellingham, MA	27	15	30	309	288	268
	Blackstone, MA	45	45	31	529	605	416
	Franklin, MA	29	24	23	251	262	245
	Millville, MA	13	8	7	179	148	159
	North Smithfield, RI	219	251	258	3,786	3,986	4,207
	Woonsocket, RI	860	932	980	12,160	12,548	13,060
	<b>Woonsocket Cluster Subtotal</b>	<b>1,193</b>	<b>1,275</b>	<b>1,329</b>	<b>17,214</b>	<b>17,837</b>	<b>18,355</b>
	<b>North West Region Subtotal</b>	<b>2,166</b>	<b>2,275</b>	<b>2,359</b>	<b>32,698</b>	<b>33,182</b>	<b>34,266</b>
<b>Other</b>	<b><u>RI Unknowns:</u></b>						
	RI Unknown Residents	1	1	1	1	1	2
	<b>RI Unk Res Subtotal</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>
	<b><u>Other:</u></b>						
	Other MA & Unknown MA	931	1,044	1,212	7,959	7,972	8,473
	CT & Unknown CT	334	310	263	3,672	3,598	3,269
Other States/Unknowns	415	393	358	3,889	3,588	3,503	
	<b>Other Subtotal</b>	<b>1,680</b>	<b>1,747</b>	<b>1,833</b>	<b>15,520</b>	<b>15,158</b>	<b>15,245</b>
	<b>Other Subtotal</b>	<b>1,681</b>	<b>1,748</b>	<b>1,834</b>	<b>15,521</b>	<b>15,159</b>	<b>15,247</b>
	<b>Subtotal RI Towns</b>	<b>31,660</b>	<b>31,995</b>	<b>31,325</b>	<b>537,421</b>	<b>539,990</b>	<b>541,546</b>
	<b>Subtotal 19 MA Towns</b>	<b>3,106</b>	<b>3,303</b>	<b>3,369</b>	<b>29,991</b>	<b>30,147</b>	<b>29,846</b>
	<b>SUBTOTAL RI &amp; 19 MA TOWNS</b>	<b>34,766</b>	<b>35,298</b>	<b>34,694</b>	<b>567,412</b>	<b>570,137</b>	<b>571,392</b>
	<b>GRAND TOTAL</b>	<b>36,446</b>	<b>37,045</b>	<b>36,527</b>	<b>582,932</b>	<b>585,295</b>	<b>586,637</b>

## Appendix B

### Newport Hospital Community Health Forum Schedule

Wednesday, May 15, 2019

2:00 – 4:00 PM

Tiverton Senior Center

207 Canonicus Street, Tiverton, RI 02878

Wednesday, May 15, 2019

6:00 – 8:00 PM

Jamestown Recreation Center

41 Conanicus Avenue, Jamestown, RI 02835

Friday, May 17, 2019

10:00 AM – 12:00 PM

CCRI Newport

1 John H. Chafee Boulevard, Newport, RI 02840

Saturday, May 18, 2019

10:00 AM – 12:00 PM

St. Clare's Church

309 Spring Street, Newport, RI 02840

Tuesday, May 28, 2019

6:00 – 8:00 PM

Pennfield School

110 Sandy Point Avenue, Portsmouth, RI 02871

Tuesday, June 4, 2019

6:00 – 8:00 PM

Middletown Town Hall

350 E. Main Road, Middletown, RI 02842

Thursday, June 13, 2019

6:00 – 8:00 PM

Newport Hospital, Gudoian Conference Room

11 Friendship Street, Newport, RI 02840

## Appendix C

### Newport Hospital CHNA Community Liaison Profiles

**Michael Marosits** is a resident of Newport who has spent years promoting health & wellness for his neighbors as a community health worker and health educator. He is an advocate of person-centered medicine who advocates for compassionate healthcare through teaching students at The Warren Alpert Medical School at Brown University & Rhode Island College, volunteering on the steering committee for the Community Health Worker Association of Rhode Island and pursuing unique opportunities such as this Community Liaison position. As the founder of Unity Health Engagement LLC, Mr. Marostis is currently helping health systems integrate community health work inspired strategies and models that lead to better health outcomes for all.

**Alexandra Morelli** is a certified Community Health Worker as well as a graduate of University of Rhode Island's Master of Public Administration, and Rhode Island College's Health Care Administration and Gerontology program. Ms. Morelli has experience working with older adults, and individuals with developmental disabilities. Through her work experience, she gained proficiency in American Sign Language and has taught ASL courses at the Osher Lifelong Learning Institute. She works on a federal Geriatric Workforce Enhancement Program grant at the Rhode Island Geriatric Education Center where she coordinates educational programs for students, professionals, and the community members.

**Jenna Stanley, MPH** is a Project Manager for the Early Childhood and Community Building programs at Family Service of Rhode Island in Providence. After obtaining her Bachelor of Arts degree in Sociology and Anthropology from Salve Regina University in 2015 and her Master of Public Health degree from Boston University in 2016, Ms. Stanely has focused on service, practice improvement and program implementation within the Urgent Care, OB/GYN and Gastroenterology departments at Beth Israel Deaconess Medical Center in Boston. She has also worked with Community Health Teams and a substance use screening program at South County Health in Wakefield through the Care Transformation Collaborative of Rhode Island. Jenna is passionate about community health and building effective partnerships, programs and services, and hopes her work as a Community Liaison will inform these efforts.

## Appendix C (cont.)

### Newport Hospital CHNA Community Liaison Position Description

**Lifespan Community Health Institute**  
**Community Health Needs Assessment – Community Liaison**  
**Position Description**

#### **Position Summary**

While excellent care is our top priority, Lifespan also recognizes that health and well-being is more than the absence of disease. We promote a culture of well-being, in part achieved by extending our expertise and services into communities where people live, learn, work, play and pray. Put simply, we embrace our mission of *Delivering health with care*.

A demonstration of Lifespan's mission, the Lifespan Community Health Institute (LCHI) works to ensure that all people have the opportunities to achieve their optimal state of health through healthy behaviors, healthy relationships, and healthy environments. The LCHI, often in collaboration with Lifespan affiliates and/or community partners, addresses a spectrum of conditions that affect health. One of our major initiatives in 2019 is to assist each of the Lifespan hospitals- Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Emma Pendleton Bradley Hospital, and Newport Hospital, in performing a Community Health Needs Assessment and developing strategies to respond to the identified needs over the next several years.

The LCHI is recruiting 20-30 individuals who will serve as Community Liaisons, helping to infuse community input in the community health needs assessment process. The Community Liaison is a temporary, part-time position through June 2019. An estimated 30-50 hours will be distributed over the course of 3-4 months. The Community Liaison reports to the Director of the Community Health Institute at Lifespan. This position is not open to current Lifespan employees and does not confer benefits. Community Liaisons will be hired as consultants and paid upon completion of the project.

#### **Responsibilities**

The Community Liaison will assist Lifespan staff with planning and execution of at least two community forums as part of the community health needs assessment process for Rhode Island Hospital/Hasbro Children's Hospital, The Miriam Hospital, Bradley Hospital, and/or Newport Hospital. The goal of each forum is to identify and prioritize local community health needs. The Community Liaison will be responsible for identifying local organizations/institutions (e.g. neighborhood associations, non-profits, churches, etc.) that will be willing to host a community forum. Further, the Community Liaison will assist with

recruitment, logistics, facilitation, and interpretation of each forum. The Community Liaison will be trained on expected tasks and relevant data. Primary responsibilities include:

- Team with Lifespan staff and other Community Liaisons to complete tasks.
- Perform community outreach and recruit strategic partners to participate in the needs assessment process.
- Develop and maintain productive relationships with stakeholders, to create buy-in for the community health needs assessment process.
- Assist with the planning and execution of presentations for small groups and community organizations, including logistics and follow-up.
- Coordinate and support other outreach activities, including presentations or tabling at large public events, listening sessions or neighborhood meetings.
- Practice effective communication and reliable follow-up with Lifespan contacts and community partners.
- Track and communicate detailed information regarding supplies or other supports needed to complete tasks.
- Attend all required orientation and check-in meetings.

### **Qualifications and Competencies**

The selected Community Liaison must demonstrate the following qualifications and competencies:

- Trusted community broker with demonstrated success organizing community efforts
- Commitment to and interest in community health
- Willingness to work in a team environment, as well as the ability to complete tasks independently
- Thorough, timely and reliable communication skills
- Excellent oral communication as well as active listening skills
- Comfort communicating by email as well as in person
- Experience and confidence with public speaking
- Effective meeting facilitation
- Strong interpersonal skills and experience working with diverse audiences
- Ability to organize and lead groups
- Willingness to share and leverage personal and professional networks
- Detail-oriented, with excellent time-management skills
- Access to reliable transportation
- Ability to work evening or weekend hours
- Working knowledge of Microsoft Office software, especially Word and PowerPoint

### **Desired Skills**

The following skills are preferred, but not required:

- Personal or professional experience in a public health or related field (e.g. community outreach or organizing, health care, public policy, community development)
- Experience interpreting and explaining data
- Bilingual/Bicultural in Spanish or other languages spoken in Rhode Island



## Appendix D

### Newport Hospital CHNA Sample Community Health Forum Agenda

**NEWPORT HOSPITAL - 2019 COMMUNITY HEALTH NEEDS  
ASSESSMENT**

**Community Forum**

**Wednesday, May 15, 2019**

*Hosted by the Jamestown Recreation Center*

- **6:00 PM Eat & Visit Information Table**
- **6:30 PM Introductions**
- **6:40 PM Overview of CHNA and progress since 2016**
- **6:50 PM Current Health Data**
- **7:00 PM Question #1: Does this reflect your health concerns?  
What's missing?**
- **7:20 PM Question #2: How would you prioritize among these  
health concerns?**
- **7:40 PM Question #3: What would you like for the hospital to do  
to help address these priorities?**
- **7:55 PM Wrap-Up & Evaluation**

- 
- **Notes:**
-

# Appendix E

## Newport Hospital CHNA Community Input Form



### 2019 Community Health Needs Assessment - Community Input Form

Lifespan seeks to understand your health concerns and how our hospitals can help respond to those concerns. The information you share will help us to complete a Community Health Needs Assessment and create an action plan. We value your input!

1. To which hospital service area should these comments be attributed?

- |   |  |
|---|--|
| <input type="checkbox"/> Emma Pendleton Bradley Hospital                    | <input type="checkbox"/> Newport Hospital    |
| <input type="checkbox"/> Rhode Island Hospital / Hasbro Children's Hospital | <input type="checkbox"/> The Miriam Hospital |

2. Please describe your significant health concerns.

3. What would you like the hospital to do in response to your concerns?

4. Please comment on the progress made in addressing the 2016 priorities (details on reverse).

5. Any additional comments or suggestions?

6. Please share your contact information if you would like to provide additional information.

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Please visit Lifespan's [Learning from our Community](http://lifespan.org/our-community) page (lifespan.org/our-community) to learn more about the 2019 Community Health Needs Assessments. Thank you for your input!

## 2016 Community Health Needs Assessment

The Patient Protection and Affordable Care Act (PPACA) requires non-profit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years. CHNAs solicit feedback from members of the community to determine the most pressing health needs in the community the hospital serves. CHNAs aim to address barriers to care, the need to prevent illness, and the social, behavioral and environmental factors that influence health in the community. Based on the needs identified, each hospital develops implementation strategies that respond to the prioritized needs. In 2016, Lifespan completed its second CHNA for each of its hospitals.

### The 2016 CHNA process for each hospital identified the following significant needs:

#### The Miriam Hospital

1. Access to Care and Health Literacy
2. Cardiac Health
3. Cancer
4. Healthy Food Access
5. Substance Use Disorders

#### Newport Hospital

1. Access to Care and Health Literacy
2. Mental and Behavioral Health
3. Substance Use Disorders
4. Cancer
5. Healthier Weight

#### Rhode Island Hospital

1. Access to Care and Health Literacy
2. Healthy Weight and Nutrition
3. Substance Use Disorders
4. Cardiac Health
5. Cancer

#### Bradley Hospital

1. Access to Services
2. Emergency Department Evaluation
3. Transition services for children who age out of pediatric care

For each hospital, and for each need, an implementation plan is included in the CHNA report. That implementation plan describes the action steps that each hospital will take to mitigate the stated need over the 2017 to 2020 fiscal years. Please refer to the reports for detailed implementation strategies.

For more information regarding the CHNA process or findings, please contact Carrie Bridges Feliz, Director of the Lifespan Community Health Institute, at [cbridgesfeliz@lifespan.org](mailto:cbridgesfeliz@lifespan.org) or 401-444-8009.

Lifespan Community Health Institute  
335R Prairie Avenue, Suite 2B  
Providence, RI 02905  
Phone: 401-444-8009  
[www.lifespan.org](http://www.lifespan.org)

## References

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- <sup>1</sup> Additional Requirements for Charitable Hospitals; Community Health Needs Assessments for Charitable Hospitals; Requirement of a Section 4959 Excise Tax Return and Time for Filing the Return. Internal Revenue Service. U. S. Department of the Treasury. 2014.
- <sup>2</sup> Ibid.
- <sup>3</sup> Ibid.
- <sup>4</sup> Newport Hospital 2013 Community Needs Assessment. Lifespan Community Health Services. 2013.
- <sup>5</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>6</sup> Ibid.
- <sup>7</sup> Ibid.
- <sup>8</sup> Newport Hospital Launches 2015 Monthly Community Lecture Series. Lifespan Corporation Newsroom. 15 Jan 2015.
- <sup>9</sup> Frederick Henry Prince Memorial Fund. Lifespan Corporation.  
<https://www.lifespan.org/news/newport-hospital-awards-13-local-organizations-75000-through-frederick-henry-prince-memorial>
- <sup>10</sup> Lifespan in Our Community. Lifespan Corporation. 2019.  
<https://www.lifespan.org/centers-services/lifespan-community-health-institute>
- <sup>11</sup> Ibid.
- <sup>12</sup> Lifespan Community Health Institute. Lifespan Corporation. 2016.  
<http://www.lifespan.org/centers-and-services/lifespan-community-health-services/>.
- <sup>13</sup> All three Lifespan hospitals awarded top marks for safety. Lifespan Corporation Newsroom. 24 Apr 18.
- <sup>14</sup> Lifespan Hospitals Recognized as Top Performers in LGBTQ Health Care Equity. Lifespan Corporation Newsroom. 27 Mar 18.
- <sup>15</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>16</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>17</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>18</sup> Lifespan Annual Report 2015. Lifespan Corporation Newsroom. 2016.
- <sup>19</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>20</sup> Cancer Program Annual Report 2015. Rhode Island Hospital, The Miriam Hospital, Newport Hospital. Report of the Cancer Committee. Lifespan Corporation. 2015.
- <sup>21</sup> Ibid.
- <sup>22</sup> Lifespan Annual Report 2018. Lifespan Corporation Newsroom. 2019.
- <sup>23</sup> Newport Hospital – About Us. Lifespan Corporation. 2016.  
<http://www.newporthospital.org/about/newport-hospital/>.
- <sup>24</sup> QuickFacts - Newport County, Rhode Island. Population estimates, July 1, 2018, (V2018). U.S. Census Bureau. U.S. Department of Commerce. 2018.
- <sup>25</sup> Ibid.
- <sup>26</sup> Ibid.
- <sup>27</sup> Newport Hospital Utilization Data 2016-2018, Total Census. Lifespan Strategic Planning Department. Lifespan Corporation.

- 
- <sup>28</sup> Newport Hospital Utilization Data FY2016-2018, City & Town Cluster. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 2 Aug. 2019.
- <sup>29</sup> Newport Hospital Utilization Data 2016-2018, Total Census. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 2 Aug. 2018.
- <sup>30</sup> Newport Hospital Utilization Data 2016-2018, Total Census. Lifespan Strategic Planning Department. Lifespan Corporation. Accessed 2 Aug. 2018.
- <sup>31</sup> Ibid.
- <sup>32</sup> Newport Hospital 2016 Community Needs Assessment. Lifespan Community Health Services. 2016.
- <sup>33</sup> [http://health.ri.gov/programs/detail.php?pgm\\_id=1110](http://health.ri.gov/programs/detail.php?pgm_id=1110)
- <sup>34</sup> Ibid.
- <sup>35</sup> Deaths: Leading Causes for 2017.  
[https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68\\_06-508.pdf](https://www.cdc.gov/nchs/data/nvsr/nvsr68/nvsr68_06-508.pdf).
- <sup>36</sup> The 2013–2018 Rhode Island Cancer Prevention and Control Plan. Providence, RI: Rhode Island Comprehensive Cancer Control Program. October 2013.
- <sup>37</sup> Newport Hospital 2016 Community Needs Assessment. Lifespan Community Health Services. 2016.
- <sup>38</sup> Health Factors: Adult Obesity (2019). County Health Rankings - Rhode Island Report. Robert Wood Johnson Foundation
- <sup>39</sup> Newport Hospital 2016 Community Needs Assessment. Lifespan Community Health Services. 2016.
- <sup>40</sup> Berg B., Lune H. Qualitative research methods for the social sciences. Pearson; 8 edition (November 25, 2011).
- <sup>41</sup> The Commonwealth Fund 2019 Scorecard on State Health System Performance. The Commonwealth Fund. 2019. <http://www.rikidscount.org/Data-Publications/RI-Kids-Count-Factbook#781213-health>
- <sup>42</sup> 2019 Rhode Island Kids Count Factbook. Rhode Island KIDS COUNT. 2019.  
<http://www.rikidscount.org/Data-Publications/RI-Kids-Count-Factbook#781213-health>
- <sup>43</sup> Prevent Overdose RI. 2019. <https://preventoverdoseri.org/>
- <sup>44</sup> Governor Gina M. Raimondo’s Overdose Prevention and Intervention Task Force Strategic Plan Update Outlining Strategies and Actions through December 2021. 2019.  
[https://preventoverdoseri.org/wp-content/uploads/2019/03/TF-Strategic-Plan-Update\\_Final.pdf](https://preventoverdoseri.org/wp-content/uploads/2019/03/TF-Strategic-Plan-Update_Final.pdf)
- <sup>45</sup> Drug Overdose Deaths. Rhode Island Department of Health. Sept 2019.  
<http://www.health.ri.gov/data/drugoverdoses/>
- <sup>46</sup> Rhode Island State Innovation Model (SIM) Test Grant. Rhode Island Executive Office of Health and Human Services. 2015.  
[http://www.eohhs.ri.gov/ReferenceCenter/StateInnovationModel\(SIM\).aspx](http://www.eohhs.ri.gov/ReferenceCenter/StateInnovationModel(SIM).aspx)
- <sup>47</sup> Alexander-Scott, N. RIDOH’s Leading Priorities, Strategies, and Population Health Goals. Rhode Island Department of Health, Office of the Director of Health. Updated April 5, 2016.
- <sup>47</sup> RIDOH Strategic Framework. Rhode Island Department of Health. 2015.  
<http://health.ri.gov/about/strategicframework/>
- <sup>48</sup> RIDOH Strategic Framework. Rhode Island Department of Health. 2015.  
<http://health.ri.gov/about/strategicframework/>
- <sup>49</sup> Health Equity Zone (HEZ) Initiative. Rhode Island Department of Health.  
[http://www.health.ri.gov/programs/detail.php?pgm\\_id=1108](http://www.health.ri.gov/programs/detail.php?pgm_id=1108)

- 
- 50 Newport Health Equity Zone. <http://newporthealthequity.com>
- 51 Behavioral Risk Factor Surveillance System. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/index.html>
- 52 Rhode Island Behavioral Risk Factor Survey. Rhode Island Department of Health. <http://www.health.ri.gov/data/behaviorriskfactorsurvey/>
- 53 Behavioral Risk Factor Surveillance System. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Centers for Disease Control and Prevention. <https://www.cdc.gov/brfss/index.html>
- 54 The Kaiser Family Foundation State Health Facts. Data Source: The Centers for Disease Control and Prevention. 2019. <https://www.kff.org/statedata/>
- 55 2019 County Health Rankings. Robert Wood Johnson Foundation. Feb 2019. <https://www.countyhealthrankings.org/>
- 56 2015 Statewide Health Inventory. Rhode Island Department of Health. 2015. <http://www.health.ri.gov/data/healthinventory/>
- 57 Rhode Island Behavioral Health Project: Final Report. Department of Behavioral Healthcare, Developmental Disabilities and Hospitals, State of Rhode Island. September 2015. <http://www.bhddh.ri.gov/mh/truven.php>
- 58 IOM
- 59 RI Aging in Community, Final Report, June 2016; Subcommittee of the Long Term Care Coordinating Council
- 60 reference Preliminary Look at Chronic Conditions in Rhode Island. Health Facts RI. Rhode Island Department of Health.
- 61 2019 Commonwealth Fund Scorecard
- 62 <http://www.health.ri.gov/about/strategicframework/>
- 63 2019 report for countyhealthrankings.org
- 64 [www.data.hrsa.gov](http://www.data.hrsa.gov)
- 65 Need reference
- 66 Need reference
- 67 Association of American Medical Colleges
- 68 Association of American Medical Colleges
- 69 <https://www.google.com/search?client=safari&rls=en&q=HRSA+reduce+physician+shortage+with+NP+and+PA&ie=UTF-8&oe=UTF-8>
- 70 Agency Healthcare Research and Quality
- 71 2019 report for countyhealthrankings.org
- 72 Need reference
- 73 Need reference
- 74 <http://www.health.ri.gov/about/strategicframework/>
- 75 Need reference
- 76 Need reference
- 77 2017 KidsCount.org
- 78 2019 RI Kids Count data
- 79 KidsCount.org
- 80 Need reference
- 81 [http://www.eohhs.ri.gov/ReferenceCenter/StateInnovationModel\(SIM\).aspx](http://www.eohhs.ri.gov/ReferenceCenter/StateInnovationModel(SIM).aspx)
- 82 Truven report

- 
- 83 Truven report
- 84 CDC/National Center for Health Statistics, 2017.  
<https://www.cdc.gov/nchs/pressroom/states/rhodeisland/rhodeisland.htm>
- 85 2019 Commonwealth Fund Scorecard
- 86 RI Municipality Overdose Data Report Newport, June 2019, Center for Health Data and Analysis
- 87 Ibid.
- 88 Substance Use and Mental Health in RI 2017, Brown University School of Public Health
- 89 Underlying Cause of Death (1999-2013) CDC WONDER Online Database. Centers for Disease Control and Prevention, National Center for Health Statistics. 2015.
- 90 Individuals Reporting Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year. National Survey on Drug Use and Health (NSDUH). Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality. 2014.
- 91 Individuals Reporting Needing but Not Receiving Treatment for Illicit Drug Use in the Past Year, 2016-2017: Rhode Island. Kaiser Family Foundation State Health Report Facts.
- 92 Rhode Island's Strategic Plan on Addiction and Overdose – Final Report. Rhode Island Governor's Overdose Prevention and Intervention Task Force. 2015.
- 93 Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50).
- 94 Center for Behavioral Health Statistics and Quality. (2015). Behavioral health trends in the United States: Results from the 2014 National Survey on Drug Use and Health (HHS Publication No. SMA 15-4927, NSDUH Series H-50).
- 95 Rhode Island's Strategic Plan on Addiction and Overdose – Final Report. Rhode Island Governor's Overdose Prevention and Intervention Task Force. 2015.
- 96 Merritt Hawkins, NEJM
- 97 2018 data from 2019 report for [countyhealthrankings.org](http://countyhealthrankings.org)
- 98 <https://www.samhsa.gov/data/sites/default/files/cbhsq>
- 99 2019 Commonwealth Fund Scorecard
- 100 Commonwealth Fund scorecard 2018
- 101 2019 and [CountyHealthrankings.org](http://CountyHealthrankings.org)
- 102 Need reference
- 103 Need reference
- 104 Need reference
- 105 Need reference
- 106 2019 Commonwealth Fund Scorecard
- 107 2019 Commonwealth Fund Scorecard
- 108 2018 Commonwealth Fund Scorecard
- 109 2019 Commonwealth Fund Scorecard
- 110 [CountyHealthrankings.org](http://CountyHealthrankings.org)
- 111 [CountyHealthrankings.org](http://CountyHealthrankings.org)
- 112 Need reference
- 113 National Council on Aging
- 114 Need reference
- 115 Need reference

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<sup>116</sup> Need reference